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MENTAL HEALTH CLINIC CAREER LADDER AFSC 914X0(U) AIR
FORCE OCCUPATIONAL MEASUREMENT CENTER RANDOLPH AFB TX
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UNITED STATES AIR FORCE

AD-A159 691

OCCUPATIONAL SURVEY REPORT

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MENTAL HEALTH CLINIC CAREER LADDER

AFSC 914X0

AFPT 90-914-520

JULY 1985

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OCCUPATIONAL ANALYSIS PROGRAM
USAF OCCUPATIONAL MEASUREMENT CENTER
AIR TRAINING COMMAND
RANDOLPH AFB, TEXAS 78150

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PREFACE

This report presents the results of a detailed Air Force occupational survey of the Mental Health Clinic ^(sanctuary) specialty (AFSC 914X0). The project was undertaken at the request of HQ ATC/SGHT, and was directed by USAF Program Technical Training, Volume Two, dated June 1982. Authority for conducting occupational surveys is contained in AFR 35-2. Computer printouts from which this report was produced are available for use by operating and training officials.

The survey instrument was developed by Chief Master Sergeant Donald Cochran, Inventory Development Specialist. Ms Rebecca Hernandez provided computer support for the project. Captain Frank Strickland, Occupational Analyst, analyzed the data and wrote the final report. This report has been reviewed and approved by Major Charles D. Gorman, Chief, Airman Career Ladders Analysis Branch, Occupational Analysis Division.

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel (see distribution on page i). ~~Additional copies are available upon request to the USAF Occupational Measurement Center, Attention: Chief, Occupational Analysis Division (OMI), Randolph AFB, Texas, 78150-5000.~~

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SUMMARY OF RESULTS

1. Survey Coverage: Job inventory booklets were administered to Mental Health Clinic (AFSC 914X0) personnel worldwide. Survey results are based on the responses of 241 incumbents (80 percent of assigned personnel). The full spectrum of employment was covered from small clinics to large medical centers where 914X0 airmen are employed.
2. Specialty Jobs: The study identified 3 clusters, covering 12 job types and 1 independent job type. The three clusters identified were: (1) Clinical Support Generalists, (2) Mental Health Supervisors, and (3) Clinical Support Specialists. The independent job type identified was Psychometric Testers.
3. Career Ladder Progression: As personnel progress through the Mental Health Clinic career ladder, they perform an increasing number of supervisory tasks, but still perform many therapy, testing, and administrative tasks.
4. AFR 39-1 Specialty Descriptions: The Specialty Description for the career ladder generally gave a complete and accurate description of the job performed by the Mental Health Clinic specialists; however, it may not reflect the number of tasks and relative time many personnel spend performing tasks in the basic administrative area.
5. Training Analysis: An examination of the 914X0 STS and POI^{AFSC 914X0} matched with survey data showed that first-job airmen were being adequately trained for their employment in the field. There were few tasks not matched to the STS and POI which had high percent members performing and high training emphasis. There is some indication that first-term airmen may be receiving more training than is required for them to perform effectively in their first jobs. They spend up to 7 weeks of a 15-week course learning how to perform counseling and therapy and the results of the occupational survey show very few airmen in their first jobs perform any tasks in these areas.
6. Job Satisfaction: The occupational survey data identified some jobs indicating problems in job satisfaction. They also showed a correlation between performing tasks in counseling and therapy and job satisfaction. This may be a result of expectations created by a basic course where half the instruction is in counseling and therapy, with few personnel getting the opportunity to perform tasks related to these areas when they go to the field.
7. Implications: The data indicate the training provided by the Army at Fort Sam Houston and documents such as STS, POIs, and AFR 39-1 meet the needs of the 914X0 career ladder. There is some job satisfaction information in the SPECIALTY JOBS section which may warrant further investigation by the specialty, but the data from this study indicate the Mental Health Clinic AFS is a stable, well trained career ladder.

OCCUPATIONAL SURVEY REPORT
MENTAL HEALTH CLINIC CAREER LADDER
(AFSC 914X0)

INTRODUCTION

This occupational survey report (OSR) examines the Mental Health Clinic career ladder (AFSC 914X0). The last survey on this career ladder was conducted in 1978 and at that time, two AFSCs were studied together (914X0 and 914X1). This survey collected current career ladder data concerning the utilization and training of 914X0 personnel.

Background

The Mental Health Clinic specialty has remained stable for more than 15 years, except for the name change in 1973 which changed the name of the AFSC from Psychiatric to Mental Health Technician. Personnel generally enter the Mental Health Clinic career ladder either by completing the Category A training at Fort Sam Houston, San Antonio, Texas, or by bypass test. Personnel who enter this specialty from other AFSCs do not normally attend the course and are trained by OJT. The Mental Health Clinic specialist course is 15 weeks in duration and contains instruction on psychological testing, mental health clinic administration, and counseling and therapy.

Personnel going into the Mental Health Clinic specialty can be employed in clinics ranging in size from one social worker and one 914X0 technician to a large facility which employs several psychiatrists, psychologists, social workers, and up to 30 technicians. In many cases, the size of the clinic determines the amount of administrative and routine tasks performed or how specialized the work can be. For example, in a very small clinic the 914X0 airmen may have to perform all the secretarial and clerical tasks simply because there are no civilian or military clerks. They may also have to perform all supply and receptionist tasks. In the larger clinics, administrative support (702X0 or 906X0) personnel may perform many of these tasks. This allows the 914X0 personnel working in these larger clinics to specialize in therapy, psychometric testing, or other areas. Therefore, how specialized or general the job is can be determined by the size of clinic the airmen work in.

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SURVEY METHODOLOGY

Inventory Development

The data for this survey were collected with USAF Job Inventory AFPT 90-914-520. Using the last inventory, dated June 1977, as a base, a revised inventory was developed through research of AFR 39-1, STS, and other training documents, as well as interviews at 6 bases and the technical school at Fort Sam Houston. The current inventory consists of a task list containing 428 tasks divided into 11 functional areas, and a background section containing such items as grade, TAFMS, work area, equipment used, organizational level, and job satisfaction questions. At the request of the USAF technical school advisor and the USAF Resource Manager, Chief Master Sergeant Cochran visited 6 hospitals or clinics and interviewed 26 experienced job incumbents in developing and validating this job inventory. The bases or clinics were selected because of size of clinic, number of 914X0 personnel employed, and function of the clinic. The clinics visited and the reason for visiting each is as follows:

- (A) Wilford Hall USAF Medical Center, San Antonio TX
- (B) Regional Hospital plus Clinic, Sheppard AFB TX
- (C) Barksdale AFB LA
- (D) Pope AFB NC
- (E) March AFB CA
- (F) Lowry AFB CO

Wilford Hall USAF Medical Center - Largest medical center in the Air Force

Sheppard AFB - Large alcohol and drug rehabilitation center

Barksdale AFB - Small USAF hospital

Pope AFB - Small clinic

March AFB - Regional hospital

Lowry AFB - Corrections and rehabilitation center

Survey Administration

The survey was distributed to Consolidated Base Personnel Offices (CBPO) at operational units worldwide for administration to 269 incumbents selected from a computer-generated mailing list obtained from the Air Force Human Resources Laboratory (AFHRL). To complete the survey, each incumbent first answered the background questions. Next, the individual checked all tasks that he or she performed and listed any additional tasks not included on the task list. Finally, he or she rated each task checked according to relative time spent. The ratings ranged from 1, representing a very small amount of time spent, to 9, representing a very large amount of time spent. To compare tasks in terms of average percent time spent, all of the incumbents' ratings

are combined and the total is assumed to represent 100 percent of time spent on the job. Each task rating is then divided by this total and multiplied by 100 to give the relative time spent for each task.

Survey Sample

Personnel were selected to participate in this survey to ensure an accurate representation across major commands (MAJCOM) and paygrade groups. Survey booklets were mailed to all eligible DAFSC 914X0 personnel. Table 1 represents the percentage distribution, by major command, of personnel assigned to the career ladder as of June 1984 and of respondents in the survey sample. Tables 2 and 3 show similar information according to paygrade and TAFMS groups. The 241 respondents in the final sample represent 80 percent of the total assigned DAFSC 914X0 personnel. As reflected in these tables, the survey sample provides a very good representation of the career ladder population.

Task Factor Administration

Selected senior personnel in the 914X0 AFSC completed a second booklet in addition to the job inventory booklet. Processed separately, these booklets provide rating information for each task concerning either task difficulty (TD) or training emphasis (TE) as perceived by these NCOs. Task difficulty refers to the length of time required for the average job incumbent to learn to perform that task to the required proficiency. Training emphasis refers to the importance of structured training; that is, training provided through an organized training method, such as resident technical training schools, field training detachments, mobile training teams, or formal OJT for first-term personnel. Table 4 shows the distribution and representation of both TD and TE samples.

Task Difficulty (TD). To complete the TD booklet, individuals rated each task in the inventory with which they were familiar on a 9-point scale, ranging from an extremely low relative difficulty (a rating of 1) to an extremely high relative difficulty (a rating of 9). Thirty-three NCOs provided the data, with an interrater reliability (as assessed through components of variance of standardized group means) of .94. This figure indicates very high agreement between raters. The TD ratings were adjusted to give a rating of 5.00 to a task of average difficulty, with a standard deviation of 1.00. The data are then used to rank order the tasks in the job inventory in descending values of rated task difficulty.

Job Difficulty Index (JDI). TD is also used to compute a JDI for job groups identified in the survey. To provide a relative measure of the complexity of the jobs in comparison to each other, the JDI is computed based on the number of tasks performed and the average difficulty per unit time spent (ADPUTS). Thus, a group spending more time on difficult tasks and performing more tasks will have a higher JDI. After measurements are standardized, the index ranges from 1.0 for a very easy job to 25.0 for a very difficult job, with an average JDI of 13.0.

Training Emphasis (TE). Individuals completing TE booklets rated tasks they believed required training for first-term personnel on a 10-point scale, ranging from 1 (low training emphasis) to 9 (most training required), with a blank representing no training required at all. TE data were collected from 36 experienced personnel worldwide. For TE ratings, the interrater reliability was .93, indicating overall agreement between raters. The average TE rating was 1.98, with a standard deviation of 1.65.

When used in conjunction with other information, such as percent members performing, TD and TE ratings can provide insight into training requirements. Such insight may help validate lengthening or shortening portions of instruction to fill the actual required needs of the employers of tech school graduates.

TABLE 1
COMMAND REPRESENTATION OF SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
AAC	2	1
USAFE	15	15
AFLC	6	6
AFSC	14	13
ATC	16	17
MAC	13	11
PACAF	6	5
SAC	15	16
TAC	12	13
OTHER	1	3

Total 914X0 Personnel Assigned - 303
 Total 914X0 Personnel Eligible for Survey - 269
 Total 914X0 Personnel Sampled - 241
 Percent of Assigned Sampled - 80%
 Percent of Eligible Sampled - 90%

TABLE 2
PAYGRADE DISTRIBUTION OF SURVEY SAMPLE

<u>PAYGRADE</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
E-1 thru E-3	34	37
E-4	17	15
E-5	24	23
E-6	12	10
E-7	11	12
E-8	2	2

NOTE: CEM Code 914X0 personnel were not surveyed; therefore, E-9 data are not reflected

TABLE 3
TAFMS DISTRIBUTION OF SURVEY SAMPLE

<u>TAFMS (MONTHS)</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
1-48	44	43
49-96	17	14
97-144	13	12
145-192	9	9
193-240	14	14
241+	3	5

NOTE: Totals may not add up to 100 percent due to rounding

TABLE 4

COMMAND DISTRIBUTION OF TASK DIFFICULTY AND
TRAINING EMPHASIS RATINGS

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF TD RATERS</u>	<u>PERCENT OF TE RATERS</u>
AAC	3	3	0
USAFE	17	18	19
AFLC	6	6	8
AFSC	11	18	17
ATC	15	9	11
MAC	11	17	16
PACAF	9	6	3
SAC	13	12	14
TAC	13	9	6
OTHER	1	2	6
TOTAL	100	100	100

NOTE: Totals may not add up to 100 percent due to rounding

SPECIALTY JOBS
(Career Ladder Structure)

This occupational analysis of the Mental Health Clinic career ladder identified the major types of work being performed by specialty incumbents by examining both the job descriptions and background data of each major job group. This analysis is made possible by the Comprehensive Occupational Data Analysis Programs (CODAP). The CODAP programs generate a number of statistical products used in analysis of the specialty. One product is a hierarchical clustering of all jobs based on the similarity of tasks performed and relative time spent. By utilizing job structure as a starting point, it is possible first to describe the job structure of the specialty as it presently exists and to formulate an understanding of current utilization patterns within the specialty. This information is then used to examine the accuracy and completeness of the present specialty documents (AFR 39-1 Specialty Descriptions and Specialty Training Standards).

Specialty Overview

The structure of work as identified by the survey data follows the general AFR 39-1 descriptions, and a distinct level of involvement in those tasks which are technical by nature and those which are supervisory by nature are easily distinguished in this career ladder. The career ladder, as a whole, provides administrative and technical support to the professionals in charge of clinics where 914X0 personnel work. The clusters, job types, and independent job types, as identified by the data, tend to bear this out. Analysis of the data identified three clusters and one independent job type within this AFSC. These clusters contained specific job types. These job types were distinguished by the size of the clinic, specialized programs, or the supervisory versus managerial and training tasks performed.

The clusters, job types, and independent job type identified which comprise this specialty are:

I. CLINICAL SUPPORT GENERALISTS CLUSTER (GRP019, N=81)

- A. Small Clinic Support Personnel Job Type (GRP101, N=14)
- B. Clinic Supply Support Personnel Job Type (GRP063, N=6)
- C. Therapy and Social Work Support Personnel Job Type (GRP117, N=17)
- D. Large Hospital or Regional Medical Center Clinical Support Personnel Job Type (GRP088, N=11)
- E. Medical Center Biofeedback Support Personnel Job Type (GRP076, N=9)

II. CLINIC SUPERVISORS CLUSTER (GRP027, N=91)

- A. Small Clinic Supervisors Job Type (GRP112, N=31)
- B. Clinic NCOs Job Type (GRP109, N=22)

TABLE 7

COMMON TASKS PERFORMED BY 91430/50/70 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING		
	DAFSC 91430	DAFSC 91450	DAFSC 91470
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	88	85	84
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	83	90	87
J393 SCORE MMPI	83	88	86
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	81	90	93
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	73	81	81
G239 SCHEDULE CLINIC APPOINTMENTS	71	83	75
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	68	75	72
E141 ASSEMBLE PATIENT CHARTS	66	79	69
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	66	60	61
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	63	65	67
G224 CONDUCT INTAKE INTERVIEWS	59	70	74
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	59	63	64
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	51	65	68
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	46	62	76
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	51	64	70

TABLE 6
RELATIVE PERCENT TIME SPENT ON DUTIES BY DAFSC GROUPS

DUTIES		DAFSC 91430	DAFSC 91450	DAFSC 91470
A	ORGANIZING AND PLANNING	6	8	11
B	DIRECTING AND IMPLEMENTING	3	4	9
C	INSPECTING AND EVALUATING	1	3	8
D	TRAINING	1	2	7
E	PERFORMING ADMINISTRATIVE OR RECORD-KEEPING PROCEDURES	29	28	19
F	PERFORMING GENERAL WARD SERVICES	*	*	*
G	PERFORMING GENERAL MENTAL HEALTH FACILITY FUNCTIONS	11	9	7
H	PERFORMING THERAPY OR THERAPY-RELATED PROCEDURES	16	16	15
I	PERFORMING SPECIALIZED MENTAL HEALTH CLINIC TECHNICIAN FUNCTIONS	7	8	9
J	PERFORMING PSYCHOLOGICAL TESTING	24	18	12
K	PERFORMING CLINICAL SOCIAL WORK FUNCTIONS	2	4	3

* Denotes less than 1 percent

ANALYSIS OF DAFSC GROUPS

In addition to analysis of the career ladder structure, an examination of the skill levels is helpful in understanding the Mental Health Clinic specialty. The DAFSC analysis compares the skill levels, highlighting differences in the tasks performed at the various skill levels. This information is also useful in evaluating how well career ladder documents, such as AFR 39-1 Specialty Descriptions and Specialty Training Standards (STS), reflect what career ladder personnel are actually doing in the field.

Skill Level Descriptions

DAFSC 91430. There were 41 91430 airmen surveyed in this group--17 percent of the total sample. On the average, they perform 54 tasks, with 32 tasks accounting for half of the group's total job time. The work at this skill level consists of performing tasks in the Mental Health Clinic support areas; that is, the 91430 personnel perform therapy, clinical social work, or testing tasks which could be defined as general administrative and clerical in nature. Table 8 lists representative tasks for this skill level.

DAFSC 91450. There were 111 91450 airmen in this group--47 percent of the sample. They perform an average of 73 tasks, with 51 tasks accounting for half of the group's total job time. The airmen at this skill level perform many of the administrative and testing tasks the other DAFSC groups perform. This group has more percent members performing advanced tasks in the therapy and counseling duty areas. Table 9 contains representative tasks for this skill level.

DAFSC 91470. The 88 airmen in this group constitute 36 percent of the sample. They perform an average of 129 tasks, with 78 tasks accounting for half of the group's total job time. This group performs most of the clinic support tasks performed by the rest of the career field but, as in most AFSCs, they perform more tasks in the supervisory duty areas. They are the group in this career ladder that is the most involved in developing therapy plans and performing group and individual counseling. Table 10 lists representative tasks for this skill level.

Tables 6 and 7 show the relative time spent on duties and the common tasks performed by DAFSC groups. From these tables, and Tables 9 through 11, one can see personnel at all skill levels perform administrative and house-keeping tasks, and that the 91470 airmen perform more tasks in the supervisory areas than do the other DAFSC groups. Table 12 shows the higher the skill level, the more members there are performing tasks in counseling and therapy. There is a natural progression by skill level in this AFSC for performing tasks in counseling and therapy.

JOB DIFFICULTY INDEX (JDI)

The Job Difficulty Index (JDI) is based on the number of tasks performed and the relative difficulty assigned these tasks by respondents, with respect to time spent (see Task Factor Administration section), and can be used to compare the complexity of the jobs identified by the data. The mean (average) JDI for this AFSC is 13 and the standard deviation (average variation) is 5. For example, the Supervisory cluster in this study had the highest JDI (18), approximately one standard deviation above the mean and the other clusters and independent job type had a relatively low JDI (below 13); Clinical Support Generalists (11), Clinical Support Specialists (6), and Psychometric Testers (12). The groups within the Supervisory cluster showed some difference in job and JDI (range from 14 for the Wilford Hall Supervisors to 22 for Small Clinic Supervisors). The WHMC Supervisors perform fewer tasks (85 to 148), so they have a more specialized job; whereas, the Small Clinic supervisors have to perform the supervisor job, as well as administrative and technical tasks.

This type of distinction also occurs when the Clinical Support Generalist cluster JDI is compared. The JDI for the large Clinic Support Personnel is 6 and the JDI for Social Work Support Personnel (small clinics) is 13. The number of tasks vary from 47 for large clinic to 78 for small clinic, again pointing out the administrative and housekeeping tasks performed in small clinics. Another major difference is in the relative time spent by these two groups on therapy tasks. The large clinic personnel, as a group, do not spend as much time in performing tasks on therapy--2 to 23 percent. This may indicate those tasks included in performing therapy are considered much more difficult than those in the other areas.

The small cluster containing the Clinical Support Specialists has the lowest JDI of any group--6. They perform an average of 30 tasks, which is in keeping with the correlation of number of tasks performed and JDI. This group also performs mostly administrative and testing tasks, with a JDI of 4 for Trainee Administrative Specialists and a JDI of 9 for Triage and Testing Specialists. They perform an almost equal number of tasks--29 to 33--implying testing tasks are considered harder than the administrative tasks.

Finally, the one independent job type identified in this study has a JDI of 12, which is close to average. They spend most of their time performing testing tasks (55 percent), but do spend 13 percent of their time on therapy tasks. This indicates their job can be considered average in difficulty for this career ladder.

TABLE 5 (CONTINUED)

COMPARISONS OF JOB SATISFACTION INDICATORS BY CAREER LADDER CLUSTERS, JOB TYPES
WITHIN THESE CLUSTERS, AND INDEPENDENT JOB TYPE*

	PSYCHOMETRIC TESTERS INDEPENDENT JOB TYPE	CLINICAL SUPPORT SPECIALISTS CLUSTER	TRAINEE OR ADMINISTRATIVE SPECIALISTS JOB TYPE	TRIAGE AND TESTING SPECIALISTS JOB TYPE
<u>EXPRESSED JOB INTEREST:</u>				
DULL	40	7	0	0
SO-SO	40	29	67	14
INTERESTING	20	64	33	86
<u>PERCEIVED UTILIZATION OF TALENTS:</u>				
LITTLE OR NOT AT ALL	70	32	33	14
FAIRLY WELL TO PERFECTLY	30	64	56	86
<u>PERCEIVED UTILIZATION OF TRAINING:</u>				
LITTLE OR NOT AT ALL	40	36	11	14
FAIRLY WELL TO PERFECTLY	60	64	89	86
<u>REENLISTMENT INTENTIONS:</u>				
NO, OR PROBABLY NO	80	36	44	14
YES, OR PROBABLY YES	20	64	56	71
RETIRE	0	0	0	14
ELIGIBLE TO REENLIST	90	89	78	100
ELIGIBLE TO RETIRE	10	4	11	0

* Columns may not add to 100 percent due to nonresponse or rounding

TABLE 5 (CONTINUED)

COMPARISONS OF JOB SATISFACTION INDICATORS BY CAREER LADDER CLUSTERS, JOB TYPES
WITHIN THESE CLUSTERS, AND INDEPENDENT JOB TYPE*

	CLINIC SUPERVISORS CLUSTER	SMALL CLINIC SUPERVISORS		CLINIC NCOs		TESTING AND ADMIN SUPPORT NCOs		OJT SUPERVISORS		WHMC SUPERVISORS	
		JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE
<u>EXPRESSED JOB INTEREST:</u>											
DULL	8	7	0	0	33	0	33	0	33	0	0
SO-SO	13	7	18	33	17	14	17	14	17	14	14
INTERESTING	78	84	82	67	50	86	50	86	50	86	86
<u>PERCEIVED UTILIZATION OF TALENTS:</u>											
LITTLE OR NOT AT ALL	19	6	18	67	67	0	67	67	67	0	0
FAIRLY WELL TO PERFECTLY	81	94	82	33	33	100	33	33	33	100	100
<u>PERCEIVED UTILIZATION OF TRAINING:</u>											
LITTLE OR NOT AT ALL	18	7	27	50	33	0	50	33	33	0	0
FAIRLY WELL TO PERFECTLY	82	94	73	50	67	100	50	67	67	100	100
<u>REENLISTMENT INTENTIONS:</u>											
NO, OR PROBABLY NO	20	23	18	17	50	0	17	50	50	0	0
YES, OR PROBABLY YES	67	61	68	83	50	100	83	50	50	100	100
RETIRE	12	16	14	0	0	0	0	0	0	0	0
ELIGIBLE TO REENLIST	95	97	96	100	83	100	100	83	83	100	100
ELIGIBLE TO RETIRE	37	42	27	17	50	29	17	50	50	29	29

* Columns may not add to 100 percent due to nonresponse or rounding

TABLE 5

COMPARISONS OF JOB SATISFACTION INDICATORS BY CAREER LADDER CLUSTERS, JOB TYPES
WITHIN THESE CLUSTERS, AND INDEPENDENT JOB TYPE*

	CLINICAL SUPPORT GENERALISTS CLUSTER	SMALL CLINIC SUPPORT PERSONNEL		CLINIC SUPPLY SUPPORT PERSONNEL		THERAPY AND SOCIAL WORK SUPPORT PERSONNEL		HOSPITAL OR REGIONAL MEDICAL CENTER SUPPORT PERSONNEL		MEDICAL CENTER BIOFEEDBACK PERSONNEL	
		JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE	JOB TYPE		
<u>EXPRESSED JOB INTEREST:</u>											
DULL	12	7	17	12	18	22					
SO-SO	14	14	33	6	18	11					
INTERESTING	74	79	50	82	64	67					
<u>PERCEIVED UTILIZATION OF TALENTS:</u>											
LITTLE OR NOT AT ALL	25	36	50	18	0	33					
FAIRLY WELL TO PERFECTLY	75	64	50	82	100	68					
<u>PERCEIVED UTILIZATION OF TRAINING:</u>											
LITTLE OR NOT AT ALL	30	50	67	18	9	11					
FAIRLY WELL TO PERFECTLY	69	50	33	82	92	89					
<u>REENLISTMENT INTENTIONS:</u>											
NO, OR PROBABLY NO	32	43	17	35	36	23					
YES, OR PROBABLY YES	64	57	67	59	64	78					
RETIRE	3	0	0	6	0	0					
ELIGIBLE TO REENLIST	91	100	83	88	91	100					
ELIGIBLE TO RETIRE	9	7	0	12	9	22					

* Columns may not add to 100 percent due to nonresponse or rounding

jobs may be reason for concern and this may be something those in a position to make decisions for this career ladder may want to address in a future study. Job satisfaction will be discussed further in the IMPLICATIONS section at the end of this report.

Summary

The Mental Health Clinic specialty is a career ladder where the differences in jobs, as identified by these data, are a result of special programs, clinic size, and technical versus supervisory tasks. According to the data, all personnel in this career ladder are employed in jobs where they provide support to the professionals they work for, and that job is determined more by clinic size and the area of expertise and emphasis of duties as directed by these professionals; i.e., social worker, clinical psychologist, or psychiatrist. Job differences can also be a result of the different emphasis placed on duty areas by professionals; i.e., testing and the specific tests used and the level of involvement these enlisted personnel have in duty areas such as therapy. The data suggest after the basic 3-level course, all other required training is provided at the new unit and the jobs are similar enough that airmen should have little or no problem learning any job identified in this study.

Table 5 gives the job satisfaction information for the job types and clusters identified by the data. The job satisfaction for the Clinical Support Generalist cluster indicates a satisfied group of airmen except for one job type (the Clinic Supply Support Personnel). This lower job satisfaction may be due to the number of tasks performed and time spent in the supply and administrative areas.

The Clinic Supervisors cluster indicates a satisfied group of NCOs except for two job types (the OJT Trainers and the Testing and Administrative Support NCOs). This dissatisfaction seems to be a result of performing administrative tasks as opposed to counseling or therapy tasks.

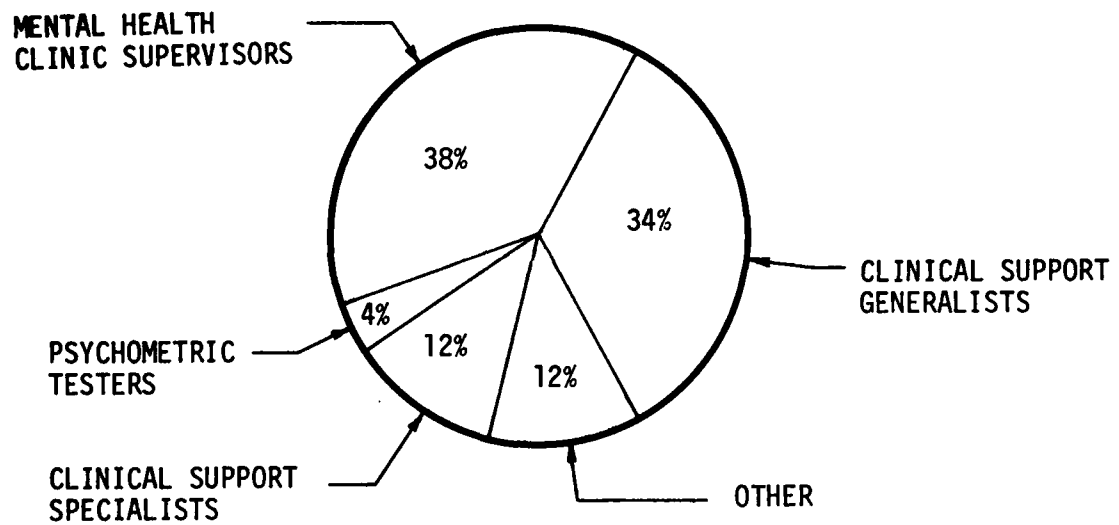
The one independent job type identified (the Psychometric Testers) seems to have the lowest job satisfaction of any group in the sample. They spend most of their time administering and scoring tests and performing administrative and biofeedback tasks and spend little time in the counseling or therapy areas.

The other cluster identified, the Clinic Support Specialists, shows a negative correlation between job satisfaction for those airmen performing administrative tasks without performing counseling and therapy tasks. The Trainee or Administrative Specialists have low job satisfaction; whereas, the Triage and Testing Specialists have relatively high satisfaction (they do perform some more involved testing and therapy tasks). The two groups perform the same number of tasks, but the emphasis for one is administrative where for the other it is testing, counseling, and therapy, as well as administrative.

The data and write-ins from the field indicate the low job satisfaction in some jobs may be due to the lack of tasks performed in the therapy and counseling duty areas. The write-ins from the incumbents, job satisfaction data, and job difficulty index indicate the Mental Health Clinic career ladder, as a whole, feel the tasks performed in the job of conducting counseling and therapy are considered the most difficult and the most rewarding. It also suggests performing these tasks are important for personnel in this AFSC to feel they are making a real contribution. The low job satisfaction in some

FIGURE 1

914X0 CAREER LADDER DISTRIBUTION
(PERCENT MEMBERS RESPONDING)



administer Bender Gestalt Tests
administer Wide Range Achievement Tests (WRAT)
administer Wechsler Intelligence Scales for children (WISC/R)
administer Halstead-Reitan Neuropsychological Test Batteries
(RIETAN)
administer House-Tree-Person (HTP) Tests
score WRAT
score WISC/R
score RIETAN

IV. CLINICAL SUPPORT SPECIALISTS CLUSTER (GRP008, N=28). This group of airmen performs a job similar to the other Clinic Support Personnel Cluster, only they perform fewer tasks and, therefore, the job is more specialized. They are all first termers with an average grade of 3.1 and an average TAFMS of 29.9 months. They perform an average of 30 tasks, with 59 percent of their time spent in the testing and administrative duty areas. They are well represented across commands. Their job is basically therapy, testing, or administrative support. Their job is to administer a limited battery of psychological tests (MMPI and Shipley Institute of Living Scales) and perform triage or first contact tasks with the mental health clinic patients. Even those tasks identified within the therapy duty are basically administrative in nature, for example, record observations on patient's appearance, such as manner of dress; write or record technician notes; write consolidated patient progress notes on subjective, objective, assessment, and plans (SOAP).

A. Trainee or Administrative Specialists Job Type (GRP086, N=9). This group of airmen spend 45 percent of their time in the administrative support duty area, but perform testing and therapy tasks as well. They administer and score the MMPI and Shipley Institute of Living Scales, but spend most of their time performing such tasks as maintaining mental health records, preparing and maintaining AF Forms 555 (Patient Visit Registers), maintaining appointment books, and preparing requests for medical records. Their job is to maintain the reception areas and offices of the mental health clinics.

B. Triage and Testing Specialists Job Type (GRP092, N=7). This small group of airmen performs an average of 33 tasks and are employed at Lackland and Andrews AFBs. They have an average grade of 3 and an average TAFMS of 29.1 months. The major portion of their time (60 percent) is divided equally between performing tasks in the therapy or testing duty areas. The tasks that distinguish them from the other group in this cluster are administering and scoring the Bloom Sentence Completion Surveys and the mental status examinations. They also spend more time on therapy tasks and less time on administrative tasks. Seventy-one percent of them said they perform diagnostic impressions of the MMPI. This job could be best described as one where these airmen perform the initial workup of patients for the professionals at the mental health clinics.

A. Small Clinic Supervisors Job Type (GRP112, N=31). This group of NCOs work at small clinics, where they supervise and perform therapy, testing, and administrative tasks.

B. Clinic NCOs Job Type (GRP109, N=22). This group performs many of the same tasks as the others in this cluster, but they do not spend as much time on actual supervisory tasks.

C. Testing and Administrative Support NCOs Job Type (GRP084, N=6). This group does not have supervision of subordinates as a major part of their job. Approximately 80 percent of their time is spent performing tasks in duty areas other than supervision. They spend 60 percent of their time performing tasks in support of the testing and administrative areas.

D. OJT Supervisors Job Type (GRP096, N=6). This job title is most fitting for this group, as they are the group that spends the most time performing OJT in the field. There are no USAF instructors teaching the 3-skill level course at Fort Sam Houston and these were the only training NCOs identified in the study. They all supervise, are all within the CONUS, and have an average grade of E-6. This group has the lowest job satisfaction of any job in this cluster.

E. Wilford Hall USAF Medical Center Supervisors Job Type (GRP073, N=7). This group of mental health clinic supervisors all work at Wilford Hall USAF Medical Center (WHMC), Lackland AFB TX, have an average grade of E-6. They perform a limited number of tasks, when compared to the other groups within this cluster (85). They also use the Bloom Sentence Completion surveys and the MMPI. They spend 19 percent of their time on therapy, 17 percent on testing, and 22 percent on administrative and directing and implementing tasks. It should be noted that this group indicated the highest job satisfaction of any group identified in the survey.

III. PSYCHOMETRIC TESTERS INDEPENDENT JOB TYPE (GRP048, N=10). This group was the only independent job type identified in the sample. They perform an average of 30 tasks and spend 55 percent of their time performing testing tasks. They have an average grade of 3.5 and, of the 10 airmen in this group, 7 are from Sheppard AFB TX. They spend 50 percent of their time performing 24 tasks, of which 19 are testing tasks. They also perform therapy and administrative tasks, but spend much less time in these areas when compared to the other groups in the sample. They also have the lowest job satisfaction of any group in the sample. Their job is to administer and score the tests and operate biofeedback equipment. The data suggest they do little else. Sample tasks for this job type are:

- administer Minnesota Multiphasic Personality Inventories (MMPI)
- score MMPI
- establish rapport with patients being tested
- administer Wechsler Adult Intelligence Scales (WAIS/R)
- score WAIS/R

B. Clinic Supply Support Personnel Job Type (GRP063, N=6). This group performs most of the administrative and other support tasks the other groups in this cluster perform, but they also perform supply support tasks such as maintain stock levels of forms; establish supply requirements; inventory equipment, tools, or supplies; and issue supplies and equipment. These tasks are what distinguish these personnel from others in this cluster.

C. Therapy and Social Work Support Personnel Job Type (GRP117, N=17). This group performed administrative and testing tasks, as did the other groups within this cluster, but they spent the most time of any group in the cluster performing tasks in the therapy and clinical social work area. They also have the highest average grade (E-4).

D. Large Hospital or Regional Medical Center Clinical Support Personnel Job Type (GRP088, N=11). These personnel work more in therapy but do not spend as much time on social work support and much less time on pure administrative tasks (they have administrative support). They are all employed at large hospitals or regional medical centers, and are thus more specialized.

E. Medical Center Biofeedback Support Personnel Job Type (GRP076, N=9). This group, again, performs the administrative, testing, and therapy support tasks, but members also perform tasks specific to biofeedback and relaxation therapy.

II. CLINIC SUPERVISORS CLUSTER (GRP027, N=91). This cluster is made up of clinic supervisors, NCOICs, OJT Trainers, and Wilford Hall USAF Medical Center NCOs. As a group, they perform many administrative, therapy, and testing tasks, but perform more supervisory and managerial tasks than other groups in the survey. They have an average grade of 5.7, with 74 percent of them stating they actually supervised other personnel. Seventy-three percent of this group were from CONUS, with the other 27 percent coming from overseas clinics. They performed an average of 148 tasks, which indicated a much more general type job than the other clusters and independent job type identified in the study. Sample tasks for this cluster were:

- participate in meetings, such as staff meetings, briefings, conferences, or workshops
- make entries in mental health records
- administer the Minnesota Multiphasic Personality Inventories (MMPI)
- score MMPI
- prepare SF Forms 600 (Health Record-Chronological Record of Medical Care)
- maintain mental health clinic records
- direct administrative functions
- determine work priorities
- counsel subordinates on job progression or career development
- direct maintenance of administrative files

- C. Testing and Administrative Support NCOs Job Type (GRP084, N=6)
 - D. OJT Supervisors Job Type (GRP096, N=6)
 - E. Wilford Hall USAF Medical Center Supervisors Job Type (GRP073, N=7)
- III. PSYCHOMETRIC TESTERS INDEPENDENT JOB TYPE (GRP048, N=10)
- IV. CLINICAL SUPPORT SPECIALISTS CLUSTER (GRP008, N=28)
- A. Trainee or Administrative Specialists Job Type (GRP086, N=9)
 - B. Triage and Testing Specialists Job Type (GRP092, N=7)

Job Group Descriptions

The following paragraphs contain brief descriptions of the clusters, their respective job types, and the independent job type identified through the specialty structure analysis.

I. CLINICAL SUPPORT GENERALISTS CLUSTER (GRP019, N=81). This cluster consisted mostly of first-term or first-job trainees. They perform tasks that generally would fit into clinic support. The different job types are a direct result of the size of the clinic in which they are employed or the special programs they are involved in. For example, at the smaller clinics where administrative clerks and receptionists were not employed, the 914X0 personnel perform the administrative and receptionist tasks, as well as the so-called professional tasks and the job is much more general in nature. The larger clinics generally provide more specialized jobs. This cluster constitutes 34 percent of the sample and members perform an average of 64 tasks. Most of their time is spent in the areas of administration, psychometric testing and therapy. The core job is mental health clinical support. They perform such tasks as:

- administer and score Minnesota Multiphasic Personality Inventories (MMPI)
- make entries in mental health records
- maintain mental clinical appointments,
- participate in meetings, such as staff meetings, briefings, conferences, or workshops
- conduct intake interviews
- record observations of patients appearance, such as manner of dress

A. Small Clinic Support Personnel Job Type (GRP101, N=14). These personnel perform more general administrative and general support tasks than do the others in this cluster.

TABLE 8

REPRESENTATIVE TASKS PERFORMED BY 91430 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	88
J393 SCORE MMPI	83
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	83
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	80
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	73
G239 SCHEDULE CLINIC APPOINTMENTS	71
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	68
E141 ASSEMBLE PATIENT CHARTS	66
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	66
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	63
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	63
H268 WRITE OR RECORD TECHNICIAN NOTES	61
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	59
G224 CONDUCT INTAKE INTERVIEWS	59
E203 PREPARE REQUEST FOR MEDICAL RECORDS	56
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	56
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	56
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	51
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	51
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	51
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	51
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	51
E159 MAINTAIN ADMINISTRATIVE FILES	46
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	46
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	44
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	44
G233 PARTICIPATE IN IN-SERVICE EDUCATIONAL PROGRAMS	41
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	41
G240 SCREEN MEDICAL RECORDS TO ASCERTAIN SECURITY CLEARANCE OR PERSONNEL RELIABILITY ELIGIBILITY	41
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	39

TABLE 9

REPRESENTATIVE TASKS PERFORMED BY 91450 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	90
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	90
J393 SCORE MMPI	88
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	85
G239 SCHEDULE CLINIC APPOINTMENTS	83
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	81
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	80
E141 ASSEMBLE PATIENT CHARTS	79
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	75
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	71
G224 CONDUCT INTAKE INTERVIEWS	70
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	66
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	65
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	65
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	65
E203 PREPARE REQUEST FOR MEDICAL RECORDS	64
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	64
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	63
H242 ADMINISTER MENTAL HEALTH STATUS EXAMINATIONS	62
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	60
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	59
H268 WRITE OR RECORD TECHNICIAN NOTES	59
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	58
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	56
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	55
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	55
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	55
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	54
G222 ASSIGN NEW PATIENTS TO THERAPISTS	53
E159 MAINTAIN ADMINISTRATIVE FILES	51

TABLE 10

REPRESENTATIVE TASKS PERFORMED BY 91470 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES OR WORKSHOPS	93
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	89
J393 SCORE MMPI	86
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	84
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	81
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	81
A3 COORDINATE WORK ACTIVITIES WITH OTHER SECTIONS OR AGENCIES	77
B59 PERFORM AS LIAISON BETWEEN MENTAL HEALTH CLINIC, BASE UNITS, OR AGENCIES	77
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	76
B43 DIRECT ADMINISTRATIVE FUNCTIONS	75
G239 SCHEDULE CLINIC APPOINTMENTS	75
A6 DETERMINE SPACE, EQUIPMENT, OR SUPPLY REQUIREMENTS	75
G224 CONDUCT INTAKE INTERVIEWS	74
A7 DETERMINE WORK PRIORITIES	74
H268 WRITE OR RECORD TECHNICIAN NOTES	73
H245 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	72
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	72
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	72
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	70
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	70
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	70
E141 ASSEMBLE PATIENT CHARTS	69
A19 ESTABLISH ORGANIZATIONAL POLICIES OR OPERATING INSTRUC- TIONS	69
H247 CONDUCT THERAPY OR COUNSELING SESSIONS	68
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	68
B42 COUNSEL SUBORDINATES ON PERSONAL OR MILITARY-RELATED MATTERS	68
B41 COUNSEL SUBORDINATES ON JOB PROGRESSION OR CAREER DEVELOPMENT	68
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	68

TABLE 11
DAFSC DISTRIBUTION ACROSS SPECIALTY JOBS

<u>SPECIALTY JOB</u>	<u>PERCENT MEMBERS PERFORMING</u>		
	<u>91430</u>	<u>91450</u>	<u>91470</u>
CLINIC SUPPORT GENERALISTS (CLUSTER)	34	52	10
CLINIC SUPERVISORS (CLUSTER)	7	21	73
PSYCHOMETRIC TESTERS (INDEPENDENT JOB TYPE)	10	5	0
CLINIC SUPPORT SPECIALISTS (CLUSTER)	37	11	1
NOT GROUPED	<u>12</u>	<u>10</u>	<u>16</u>
TOTAL	100	99	100

NOTE: May not add up to 100 percent because of rounding

TABLE 12

REPRESENTATIVE TASKS SHOWING THE PROGRESSION OF INVOLVEMENT IN
THERAPY AND COUNSELING FOR 91430, 91450, AND 91470 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING		
	91430	91450	91470
H247 CONDUCT THERAPY OR COUNSELING SESSIONS	29	37	68
H252 COUNSEL PATIENTS ON THE REALITY OF PRESCRIBED TREATMENT OR MEDICATION	5	14	33
I275 DEVELOP THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	7	16	39
I291 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR PATIENTS WITH CHRONIC PSYCHIATRIC DISORDERS	7	16	31
I290 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF SOCIAL WITHDRAWAL	17	26	36
I286 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	27	36	50
I298 PARTICIPATE IN SUPPORTIVE GROUP THERAPY AS A CLINICAL TEAM MEMBER	22	32	41
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	39	49	63
I299 PARTICIPATE IN SUPPORTIVE INDIVIDUAL THERAPY AS A CLINICAL TEAM MEMBER	17	28	49
H248 COUNSEL PATIENTS AND RELATIVES ON EMOTIONAL FACTORS RELATED TO PATIENTS MEDICAL CONDITION	7	19	39
G225 COUNSEL PATIENTS REGARDING ADMINISTRATIVE SEPARATION PROGRAMS	5	17	38
I292 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR TREATMENT OF EXCITED (OVERACTIVE) PATIENTS	5	17	31
K420 COUNSEL PATIENTS REGARDING HUMANITARIAN REASSIGNMENT AND DEFERRMENT	10	26	38
K418 COUNSEL PATIENTS REGARDING DRUG AND ALCOHOL ABUSE REHA- BILITATION PROGRAMS	12	32	43
H245 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	17	41	72
H255 INSTRUCT NEW PATIENTS IN RELAXATION THERAPY TECHNIQUES	17	45	52
G234 PARTICIPATE IN SCREENING PERSONNEL RELIABILITY AND SECURITY APPLICANT TO ASCERTAIN EMOTIONAL STABILITY	32	31	64
I296 PARTICIPATE IN DRUG/ALCOHOL REHABILITATION COMMITTEE MEETINGS	17	21	50
I301 PERFORM OUTPATIENT SUPPORTIVE INDIVIDUAL COUNSELING OR THERAPY INDEPENDENTLY	12	20	47
I300 PERFORM OUTPATIENT SUPPORTIVE GROUP COUNSELING OR THERAPY INDEPENDENTLY	15	8	33
I278 DEVELOP THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF PERSONALITY DISORDERS	5	10	34

ANALYSIS OF AFR 39-1 SPECIALTY DESCRIPTIONS

AFR 39-1 Specialty Descriptions are intended to provide a broad overview of the duties and tasks performed in each skill level of a specialty. When compared with 7-skill level survey data, the 7-level Specialty Description, dated 31 October 1983, accurately reflects the responsibilities of that skill level. According to survey data, and consistent with the Mental Health Clinic Technician (AFSC 91470) Specialty Description, personnel at this skill level perform supervisory and administrative, as well as treatment and rehabilitation, tasks.

When compared to the analysis of the career ladder structure, the AFR 39-1 Specialty Description for the Mental Health Clinic Specialist (AFSC 91450 and 91430) generally reflects 3- and 5-skill level responsibilities. Specifically, the Specialty Description states that these personnel perform diagnostic and therapeutic procedures under professional supervision, administer and score standard psychometric tests, provide guidance and counseling to assist patients, and perform administrative support duties.

These Specialty Descriptions accurately capture the duty areas where the Mental Health personnel perform tasks.

ANALYSIS OF TAFMS GROUPS

An analysis of total active federal military service (TAFMS) groups provides a description of how jobs within a career ladder change with time and experience. As is typical in most career ladders, performance of duties involving supervisory, managerial, and training tasks increases as time in service and experience increase. As members spend more time on these tasks, the proportion of relative time spent on administrative and testing tasks decreases slightly. The data show that, even for personnel in their third or subsequent enlistment, over 35 percent of their time is spent on these administrative or general testing tasks.

First-Enlistment Personnel

In this study, 104 members were in their first enlistment (1-48 months). This accounted for 43 percent of the sample. First-enlistment personnel, as a group, indicated they perform an average of 57 tasks. These tasks are in the general clinic support duty areas of administrative, testing, and receptionist type tasks. First-term personnel in this career ladder are heavily involved with administering and scoring the Minnesota Multiphasic Personality Inventories, making entries in mental health records, scheduling clinic appointments, participating in meetings, and assembling patient charts. Representative tasks are listed in Table 13.

Forty-six percent of this group indicated they were in their first job and 77 percent hold the grade of E-3, with 100 percent indicating they were E-4 or below. By making comparisons of Figure 1 in the SPECIALTY JOBS section, which shows the percent of 914X0 personnel in specialty job groups and Figure 2, which shows percent of first-termers in the specialty job groups, one can see that most first-termers are employed in jobs where they perform general clinic support tasks. In this career ladder, the TAFMS analysis is very closely correlated to the DAFSC analysis.

Second- and Third-Enlistment Personnel

The employment for the second- and third-enlistment personnel closely follows that of the more advanced DAFSC groups; that is, the more time an individual has in the Mental Health career ladder then, generally, the more likely he is to be involved in performing tasks in the supervisory, managerial, and counseling and therapy areas and the less likely he is to be performing as many simple administrative tasks.

Job Satisfaction

By looking at group perceptions of jobs, managers may gain a better understanding of some of the factors affecting the job performance of airmen in the career ladder. Information concerning the job satisfaction of airmen in this specialty was gathered through five inventory questions covering job

interest, perceived utilization of talents and training, sense of accomplishment, and reenlistment intentions. Table 14 provides this information.

Comparisons of the TAFMS groups shows job satisfaction, utilization of talents and training, sense of accomplishment, and reenlistment intentions give no indications of any problems in these areas for this AFSC, when viewed as a function of experience and time in the career ladder.

FIGURE 2

FIRST-ENLISTMENT PERSONNEL
ACROSS JOB SPECIALTY GROUPS
(Percent Members Performing)

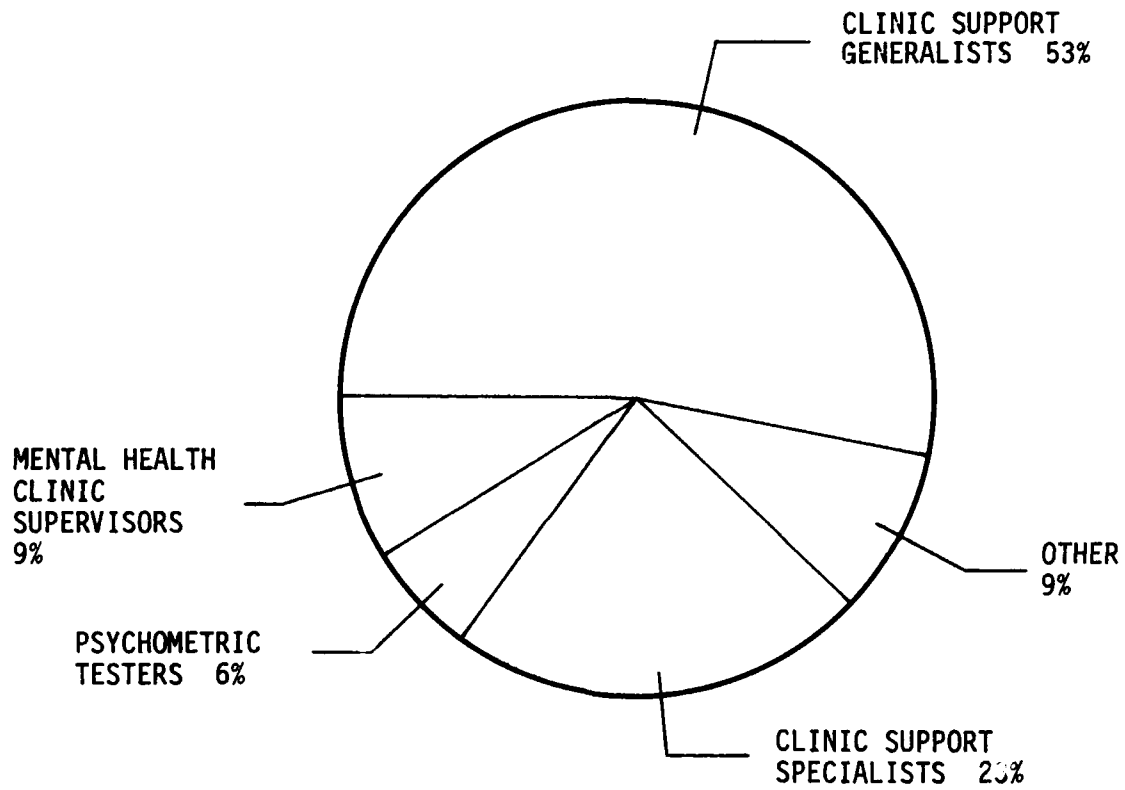


TABLE 13
REPRESENTATIVE TASKS PERFORMED BY FIRST-ENLISTMENT PERSONNEL
(1-48 MONTHS)

TASKS	PERCENT MEMBERS PERFORMING
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	88
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	88
J393 SCORE MMPI	87
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	85
G239 SCHEDULE CLINIC APPOINTMENTS	84
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	80
E141 ASSEMBLE PATIENT CHARTS	77
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	75
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	74
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	70
E203 PREPARE REQUEST FOR MEDICAL RECORDS	69
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	65
G224 CONDUCT INTAKE INTERVIEWS	65
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	63
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	63
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	63
H268 WRITE OR RECORD TECHNICIAN NOTES	61
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	61
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	61
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	58
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	55
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	55
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	54
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	52
E159 MAINTAIN ADMINISTRATIVE FILES	52
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	52
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	49
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	49
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	49
G233 PARTICIPATE IN IN-SERVICE EDUCATIONAL PROGRAMS	48

TABLE 14

**JOB SATISFACTION INDICATORS BY TAFMS GROUPS
(PERCENT MEMBERS RESPONDING)**

	<u>1-48 MONTHS TAFMS</u>	<u>49-96 MONTHS TAFMS</u>	<u>97+ MONTHS TAFMS</u>
	<u>914X0</u>	<u>914X0</u>	<u>914X0</u>
	<u>(N=104)</u>	<u>(N=34)</u>	<u>(N=99)</u>
<u>EXPRESSED JOB INTEREST:</u>			
DULL	10	12	13
SO-SO	20	12	13
INTERESTING	70	74	73
<u>PERCEIVED USE OF TALENTS:</u>			
LITTLE OR NOT AT ALL	28	32	23
FAIRLY WELL TO PERFECTLY	71	68	77
<u>PERCEIVED USE OF TRAINING:</u>			
LITTLE OR NOT AT ALL	32	29	20
FAIRLY WELL TO PERFECTLY	67	71	80
<u>SENSE OF ACCOMPLISHMENT:</u>			
DISSATISFIED	33	30	23
NEUTRAL	11	9	6
SATISFIED	57	62	71
<u>REENLISTMENT INTENTIONS:</u>			
WILL RETIRE	0	0	18
WILL NOT/PROBABLY WILL NOT REENLIST	40	41	11
WILL/PROBABLY WILL REENLIST	59	59	72

TRAINING ANALYSIS

An especially important use of occupational survey data is in assisting the development of training programs that are relevant and useful to the personnel in their first assignments and that provides a useful worker to the field. Factors such as percent of first-job or first-enlistment personnel performing tasks have proven to be very important information when used in making training decisions. The training emphasis and task difficulty ratings given to tasks by experienced members of that career field, combined with the percent members performing that task, can further add data useful in evaluating training documents such as Plans of Instruction (POI) and Specialty Training Standards (STS).

The 914X0 basic course is taught by the US Army at Fort Sam Houston; therefore, the USAF Training Advisor at Sheppard AFB TX and the USAF Liaison Officer at the school at Fort Sam Houston matched the inventory tasks to the POIs and STS for this career ladder. A computer listing displaying the percent members performing tasks, the training emphasis, and task difficulty assigned these tasks by the most experienced members of this career field has been forwarded to the USAF Liaison Officer at Fort Sam Houston and the training advisor at the School of Health Care Sciences at Sheppard AFB for their use in making training decisions. A summary of that information has been compiled for this report and immediately follows this introduction.

Training Emphasis

Table 15 is given at the end of this section to provide an overview of which tasks have the highest percent members performing, combined with those senior Mental Health Clinic Technicians rated as requiring the highest emphasis for training the personnel leaving technical school and entering their first job in this career ladder. This table gives the training emphasis ratings (which are explained in the Task Factor Administration section in the SURVEY METHODOLOGY of this report). Note that all of these tasks are performed by 40 percent or more of the first-term airmen in this career ladder.

Percent members performing, along with training emphasis ratings, can be helpful in determining whether personnel are being trained on tasks they are actually required to perform in the field. For example, all the tasks listed in Table 15 are included in the main job of this career ladder and most are covered by the STS and the basic course; but, three could not be matched to items in the STS and seven could not be matched to blocks in the POI. These tasks will be discussed in length in a more complete evaluation of the STS and POI. Training emphasis, task difficulty assigned to tasks and percent members performing those tasks, all provide an excellent means for evaluating the effectiveness of such training documents as the STS and POI.

Specialty Training Standards (STS)

A comprehensive review of STS 914X0, dated January 1982, was made to compare STS items to survey data. To evaluate the STS, which provides comprehensive coverage of the tasks performed by personnel in the field, survey data were matched to significant paragraphs or subparagraphs; STS paragraphs covering knowledge areas were not evaluated. During analysis, no major areas stood out as warranting review as there were only 10 tasks not referenced which were performed by more than 20 percent of first-term airmen and that were rated as high in training emphasis. These tasks are listed in Table 16.

Plan of Instruction (POI)

The basic course (J5ABA91430-00) for entry into this career field is taught by the Army at Fort Sam Houston. The airmen and soldiers are given the same 15-week course. This course was 10 weeks long and was lengthened to 15 weeks in January 1985. The match on the POI sections and the tasks contained in the job inventory was completed on the old POI. The new POI was not finalized, so a new match could not be made in time for this report. All comments will refer to the old 10-week course.

The match, which compares survey data with the POI, indicates the basic course adequately meets the training required by those airmen going into the field. Analysis of the data showed there were tasks not referenced or taught in the course which had high percent members performing and which were rated high in training emphasis. These tasks were not rated high in task difficulty and this may indicate the experienced personnel in the field want these tasks trained, but other training, such as OJT, may be what is required. They are shown here for consideration by the USAF Training Manager and the tech school liaison officer, as they may wish to have these tasks trained at the tech school. The analysis of the data revealed no major omissions in training. If the new POI contains all the blocks that were in the old POI and new material to cover the tasks not matched previously, then this career ladder will be well trained. Those tasks which could not be referenced are shown in Table 17.

Although the data indicate the POI for this course meets the training needs of the first-term airmen entering the field from technical school, there is some reason for concern. The course curriculum contains a substantial amount of instruction on counseling and therapy and the data show there are few, if any, first-term airmen performing tasks that would require extensive training in this area. This low involvement in counseling and therapy is most likely due to a surgeon general's directive which came out in 1982. This directive stated when, where, and how counseling and therapy could be performed by the Mental Health Clinic enlisted personnel. The directive stated:

(a) Intake patients must be seen by a credentialed provider during their first visit to the clinic.

(b) In therapy cases, deviation from an established treatment plan requires a supervisory conference between technician and credentialed provider before the patient leaves the clinic and,

(c) In therapy cases, same-day case discussions between technicians and credentialed providers, as well as credentialed provider center signatures, are required each time the patient is seen.

This directive reduced the counseling and therapy tasks performed by these airmen and yet, the training in these areas has increased by 5 weeks. The first-term airmen in this AFSC graduating from tech school may be overtrained in counseling and therapy.

The USAF liaison officer at the Army technical school stated the 5 weeks which were added to the basic course were primarily in the counseling and therapy areas; in fact, weeks 8 to 15 are all on counseling and therapy. The emphasis on counseling and therapy at the technical school suggests the Army uses their graduates differently than does the USAF. This is an Army course and there is probably little they would want to change.

The USAF first-termers, however, may be overtrained in the areas of counseling and therapy. These first-term airmen will not get involved in counseling or therapy until they obtain at least a 5-skill level and most of the counseling and therapy performed by NCOs in this career ladder is performed at the 7-skill level.

The USAF personnel and training managers may want to examine the possibility of curtailing Air Force students attendance at the Army course after a certain point in the course in order to avoid the apparent overtraining in the counseling and therapy areas. The other option is to ensure the graduates are given more opportunity to work in counseling and therapy. The data suggest the graduates leaving this course had high expectations of a job where performing counseling and therapy was the order of the day and this is definitely not the case. This may be the reason for some job dissatisfaction in the 914X0 career ladder.

TABLE 25

AVERAGE NUMBER OF OUTPATIENT VISITS

<u>OUTPATIENT VISITS</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
LESS THAN 1,000	69
AT LEAST 1,000 BUT LESS THAN 2,000	14
AT LEAST 2,000 BUT LESS THAN 3,000	3
AT LEAST 3,000 BUT LESS THAN 4,000	2
AT LEAST 4,000 BUT LESS THAN 5,000	1
AT LEAST 5,000 BUT LESS THAN 6,000	0
AT LEAST 6,000 BUT LESS THAN 7,000	0
AT LEAST 7,000 BUT LESS THAN 8,000	0
AT LEAST 8,000 BUT LESS THAN 9,000	0
AT LEAST 9,000 BUT LESS THAN 10,000	0
MORE THAN 10,000	0
NOT ASSIGNED TO MENTAL HEALTH DEPARTMENT, SERVICE OR CLINIC	6
NO RESPONSE	5

TABLE 26

PARTICIPATE IN WARTIME TRAINING

<u>PARTICIPATED IN WARTIME TRAINING</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
HAVE NOT PARTICIPATED	10
1 TIME	11
2 TIMES	11
3 TIMES	9
4 TIMES	10
5 TIMES	7
6 TIMES	27
NO RESPONSE	15

TABLE 23

MEDICAL FACILITY ASSIGNED

<u>FACILITY</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
NOT ASSIGNED TO A MEDICAL FACILITY	2
USAF CLINIC	19
USAF HOSPITAL	32
USAF REGIONAL HOSPITAL	13
USAF MEDICAL CENTER	19
OTHER	3
NO RESPONSE	12

TABLE 24

PRESENT JOB

<u>JOB TITLE</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
CLINIC TECHNICIAN	47
DEPARTMENT NCOIC	5
DEPARTMENT SUPERINTENDENT	0
NCOIC, ALCOHOLISM REHABILITATION CENTER	0
NCOIC, MEDICAL SOCIAL WORK	1
NCOIC, MENTAL HEALTH CLINIC/SERVICE	23
NCOIC, MENTAL HEALTH OUTPATIENT SERVICE	4
NCOIC, MENTAL HYGIENE CLINIC/SERVICE	0
NCOIC, PSYCHOLOGICAL TESTING	2
OTHER	10
NO RESPONSE	8

OTHER ANALYSES

In addition to information related to tasks and duties, each survey respondent was requested to fill out a general background information section. This section provides biographical and specialty-related data which may be used to address specific issues raised by career ladder personnel. A brief summary of this information is presented in the form of short statements or self-explanatory tables.

Strength and Stamina

The experienced 7-skill level personnel who provided the task difficulty ratings also assisted in identifying problems associated with the performance of tasks and duties relative to strength and stamina. These personnel were asked to identify specific tasks which required excessive strength or stamina to perform. The responses to the strength and stamina question were carefully analyzed and no problems were identified.

COMPLETED THE 302-91G10 BEHAVIORAL SCIENCE COURSE

Forty-seven percent of those surveyed said they had completed the 302-91G10 Behavioral Science Course.

MEDICAL TREATMENT FACILITY HAVE INPATIENT PSYCHIATRIC SERVICES

Thirty-six percent of the sample said their facility had psychiatric service.

CAREER DEVELOPMENT COURSE (CDC) BENEFICIAL

Seventy-eight percent of the sample said a CDC course would have been beneficial in upgrade training to the 5-skill level.

TABLE 22
COMPARISON OF JOB SATISFACTION INDICATORS BY TAFMS GROUPS
IN 1978 AND 1984 STUDIES
(PERCENT MEMBERS PERFORMING)

	914X0							
	1-48		49-96		97+		TOTAL	
	MOS TAFMS		MOS TAFMS		MOS TAFMS		SAMPLE	
	1978	1984	1978	1984	1978	1984	1978	1984
JOB INTERESTING	86	70	83	74	81	73	85	72
TRAINING USED WELL	81	67	83	71	76	80	81	73

TABLE 21

TASKS PERFORMED BY MENTAL HEALTH PERSONNEL IN 1978 STUDY
WHICH ARE NOT PERFORMED NOW BY A LARGE PERCENTAGE
OF THE 914X0 CAREER LADDER

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
EVALUATE OJT TRAINEES	91
RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY CLINIC PATIENTS DURING TREATMENT	72
CONTACT COMMANDERS, HOSPITALS, AND COMMUNITY SOCIAL SERVICE AGENCIES TO OBTAIN PERTINENT PATIENT INFORMATION	71
ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS)	70
PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	68
SCORE WAIS	67
PERFORM OUTPATIENT SUPPORTIVE INDIVIDUAL THERAPY INDEPENDENTLY	66
SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL AND MEDICAL HISTORY	65
PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF DEPRESSION	65
PARTICIPATE IN DEVELOPING THERAPY PLANS FOR CLINIC PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	65

TABLE 20

TASKS PERFORMED BY MENTAL HEALTH CLINIC PERSONNEL IN PRESENT STUDY
WHICH PREVIOUS STUDY INDICATED WERE NOT PERFORMED BY A LARGE
PERCENTAGE OF THE 914X0 CAREER LADDER

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	90
MAKE ENTRIES IN MENTAL HEALTH RECORDS	85
PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE	78
ASSEMBLE PATIENT CHARTS	73
RECORD OBSERVATIONS ON PATIENTS APPEARANCE, SUCH AS MANNER OF DRESS	69
ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	66
RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	64
WRITE OR RECORD TECHNICIAN NOTES	64
WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	60

COMPARISON TO PREVIOUS SURVEY

The results of this survey were compared to the results of the survey completed July 1978 when the 914X1 and 914X0 career ladders were surveyed together. The 1978 study was completed to determine if there was a difference in jobs performed by the 914X1 and 914X0 career ladders and the report was written to answer this question. The present study was requested to look at the 914X0 career ladder, to validate training, and look at the actual jobs being performed by Mental Health Clinic personnel in the field.

The 1978 study identified three jobs: Mental Health Clinic Personnel, Mental Health Supervisors, and Mental Health Ward Personnel. No further breakdown of jobs was done at that time. The present study identified three clusters and one independent job type and, because of the different emphasis in the two studies, comparisons are difficult. Comparisons of representative tasks performed by the overall Mental Health Clinic career ladder in 1978 and today were completed and the data are contained in Tables 20 and 21. Table 22 contains a comparison of job satisfaction information for the same studies.

Many of the tasks performed by the Mental Health Clinic personnel in 1978 are still being performed by a large percentage of the career field today. There is, however, one important difference and that is in the area of performing therapy. In 1978, performing therapy was a significant part of the job for these clinic airmen but the data show this is not true for personnel in this career ladder today.

Another thing which is evident is how the WAIS has been replaced by the Shipley Institute of Living Scales as the second most used psychological test in this career ladder. Table 22 also shows job satisfaction was lower for the career ladder in 1984 than in 1978. The data from the 1984 survey suggest this lower job satisfaction may be due to the fact performing therapy is not as predominant a part of the job for these airmen today. The job of a 914X0 airman, however, is still somewhat the same as it was 6 years ago.

TABLE 19

**JOB SATISFACTION INDICATORS BY MAJCOM GROUPS
(PERCENT MEMBERS RESPONDING)**

	<u>USAFE (N=35)</u>	<u>AFLC (N=15)</u>	<u>AFSC (N=32)</u>	<u>ATC (N=40)</u>	<u>MAC (N=26)</u>	<u>PACAF (N=13)</u>	<u>SAC (N=39)</u>	<u>TAC (N=31)</u>
<u>EXPRESSED JOB INTEREST:</u>								
DULL	11	13	6	25	8	8	13	3
SO-SO	17	27	3	13	27	23	8	26
INTERESTING	71	60	91	60	65	69	77	71
<u>PERCEIVED USE OF TALENTS:</u>								
LITTLE OR NOT AT ALL	26	13	9	45	31	15	26	29
FAIRLY WELL TO PERFECTLY	74	80	91	55	69	85	74	71
<u>PERCEIVED USE OF TRAINING:</u>								
LITTLE OR NOT AT ALL	26	7	6	33	35	23	31	39
FAIRLY WELL TO PERFECTLY	74	93	94	65	65	77	69	61
<u>SENSE OF ACCOMPLISHMENT:</u>								
DISSATISFIED	31	40	6	38	19	23	23	28
NEUTRAL	9	7	3	10	12	8	8	10
SATISFIED	60	53	91	53	69	69	69	62
<u>REENLISTMENT INTENTIONS:</u>								
WILL RETIRE	9	7	6	10	0	0	18	3
WILL NOT/PROBABLY WILL NOT REENLIST	31	33	22	40	15	31	36	16
WILL/PROBABLY WILL REENLIST	60	53	72	50	85	69	44	81

TABLE 18

RELATIVE PERCENT TIME SPENT PERFORMING DUTIES BY MAJCOM GROUPS

DUTIES	USAF (N=35)	AFLC (N=15)	AFSC (N=32)	ATC (N=40)	MAC (N=26)	PACAF (N=13)	SAC (N=39)	TAC (N=31)
A ORGANIZING AND PLANNING	10	8	9	9	9	9	9	8
B DIRECTING AND IMPLEMENTING	6	7	6	5	6	6	6	5
C INSPECTING AND EVALUATING	5	4	6	4	3	5	4	4
D TRAINING	4	4	5	3	5	4	3	3
E PERFORMING ADMINISTRATIVE OR RECORD-KEEPING PROCEDURES	27	30	15	19	26	22	29	31
F PERFORMING GENERAL WARD SERVICES	*	*	*	*	*	*	*	*
G PERFORMING GENERAL MENTAL HEALTH FACILITY FUNCTIONS	9	9	7	7	9	9	9	10
H PERFORMING THERAPY OR THERAPY-RELATED PROCEDURES	13	14	17	20	17	18	12	14
I PERFORMING SPECIALIZED MENTAL HEALTH CLINIC TECHNICIAN FUNCTIONS	9	8	8	10	7	10	8	7
J PERFORMING PSYCHOLOGICAL TESTING	14	15	25	20	14	14	17	15
K PERFORMING CLINICAL SOCIAL WORK FUNCTIONS	3	1	2	3	4	3	3	3

* Indicates less than 1 percent

MAJCOM COMPARISON

One of the other areas analyzed is differences across major commands (MAJCOM). Analysis of these differences involved examining differences in percent time spent on duties and tasks, and job satisfaction differences across eight commands: USAFE, AFLC, AFSC, ATC, MAC, PACAF, SAC, and TAC.

Overall, there were no major differences in MAJCOMs. Table 18 shows the job performed by the Mental Health specialty is similar, regardless of command. Table 19 does, however, indicate there may be some job satisfaction problems in ATC. This may be due to the seven 914X0 personnel employed as Psychometric Testers at Sheppard AFB TX. This job group had the lowest job satisfaction of any job identified by the study and they may be skewing the job satisfaction figures for ATC. There were no other jobs in the SPECIALTY JOBS section with low job satisfaction which were made up of predominantly ATC personnel.

ANALYSIS OF CONUS VS OVERSEAS GROUPS

A comparison of survey data of CONUS personnel with the data of overseas personnel showed very little difference in jobs. The two groups were nearly equal in average number of tasks performed (73 versus 79) and percentage of first-enlistment personnel (52 percent overseas and 63 percent CONUS). Job satisfaction indicators for both groups were high. The tasks that showed the greatest difference between CONUS and overseas personnel were in the area of screening documents and personnel for personnel reliability and security clearances. The data on the overseas group showed more members performing these tasks and tasks in the family advocacy and Children Have A Potential (social work) area than did CONUS personnel. Conversely, the data showed the CONUS group was more heavily involved in tasks where they liaised with, and referred to or counseled, personnel on civilian assistance available, such as CHAMPUS or private social service agencies. They also indicated they were more involved as a group in supervisory and supply-related tasks. These differences are not considered enough to say the jobs are different. The data suggest the 91450 personnel are utilized uniformly in CONUS and overseas assignments.

TABLE 17

TASKS NOT REFERENCED IN POI (OLD)

TASKS	TRAINING EMPHASIS*	FIRST JOB	FIRST ENLISTMENT	TASK DIFFICULTY**
G239 SCHEDULE CLINIC APPOINTMENTS	4.31	86	84	3.26
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS				
E141 ASSEMBLE PATIENT CHARTS	4.17	83	85	3.91
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	5.14	77	77	3.12
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	5.47	73	74	3.87
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	6.08	64	61	4.37
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	6.33	62	63	3.87
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	4.69	56	58	4.39
E159 MAINTAIN ADMINISTRATIVE FILES	4.19	50	61	3.19
G241 SCREEN MILITARY ON OTHER MEDICAL RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	4.19	50	52	4.43
G240 SCREEN MEDICAL RECORDS TO ASCERTAIN SECURITY CLEARANCE OR PERSONNEL RELIABILITY ELIGIBILITY	5.58	44	46	4.39
E162 MAINTAIN FAMILY ADVOCACY FILES	4.97	41	40	4.19
J311 ADMINISTER DRAW A PERSON (DAP) TESTS	5.39	33	36	4.56
E160 MAINTAIN CHILDREN HAVE A POTENTIAL (CHAP) FILES	4.47	33	37	4.25
J306 ADMINISTER BENDER GESALT TESTS	5.22	32	36	4.50
J316 ADMINISTER HOUSE-TREE-PERSON (HTP) TESTS	5.25	27	31	4.91
H244 CONDUCT FOLLOW-UP CONTACT WITH THERAPY PATIENTS, OTHER THAN BY TELEPHONE	4.36	26	31	4.28
H246 CONDUCT TELEPHONE FOLLOW-UP CONTACT WITH THERAPY PATIENTS	4.25	24	28	5.3
J269 WRITE PROGRESS NOTES ON PATIENTS	3.67	24	30	5.07
H256 OBSERVE AND RECORD ACTIONS OF PATIENTS DURING RELAXA- TION THERAPY	5.14	24	34	5.13
	4.33	23	26	5.26

* Training emphasis rating above 3.63 is high

** Task difficulty rating of 5.00 is average

TABLE 16

TASKS NOT REFERENCED IN STS WITH MORE THAN 20 PERCENT MEMBERS
PERFORMING AND HAVING HIGH TRAINING EMPHASIS

<u>TASKS</u>	<u>TRAINING EMPHASIS*</u>	<u>FIRST ENLISTMENT</u>	<u>TASK DIFFICULTY**</u>
G239 SCHEDULE CLINIC APPOINTMENTS	4.31	84	3.26
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	4.89	65	4.80
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	4.19	61	3.19
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESEN- TATIONS AND DISCUSSIONS	4.94	52	5.21
H269 WRITE PROGRESS NOTES ON PATIENTS	5.14	34	5.13
J311 ADMINISTER DRAW A PERSON (DAP) TESTS	4.47	37	4.25
I286 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	4.83	30	5.73
H256 OBSERVE AND RECORD ACTIONS OF PATIENTS DURING RELAXATION THERAPY	4.33	26	5.26
H255 INSTRUCT PATIENTS IN RELAXATION THERAPY TECH- NIQUES	4.39	35	5.83
J316 ADMINISTER HOUSE-TREE-PERSON (HTP) TESTS	4.36	31	4.28

* Training emphasis rating above 3.63 is high

** Task difficulty rating of 5.00 is average

TABLE 15

EXAMPLES OF TASKS IMPORTANT FOR TRAINING*

TASKS	TRAINING EMPHASIS	FIRST ENLISTMENT	TOTAL SAMPLE	TASK DIFFICULTY
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	6.94	89	88	3.71
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	6.53	89	85	4.77
J393 SCORE MMPI	6.89	87	87	4.15
G239 SCHEDULE CLINIC APPOINTMENTS	4.31	84	78	3.26
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	6.64	80	79	4.59
E141 ASSEMBLE PATIENT CHARTS	5.14	77	73	3.12
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	5.47	74	72	3.87
H263 RECORD OBSERVATIONS ON PATIENTS APPEARANCE, SUCH AS MANNER OF DRESS	6.00	70	69	4.80
G224 CONDUCT INTAKE INTERVIEWS	7.75	65	69	5.85
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	4.89	65	62	4.80
H264 RECORD OBSERVATIONS ON PATIENTS BEHAVIOR IN THE TREATMENT FACILITY	5.36	64	61	5.03
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	6.33	63	66	3.87
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	6.08	61	61	4.37
H268 WRITE OR RECORD TECHNICIAN NOTES	5.67	61	64	5.10
H265 RECORD OBSERVATIONS ON PATIENTS CONVERSATION IN THE TREATMENT FACILITY	5.25	59	57	4.94
E212 REVIEW PATIENTS RECORDS FOR COMPLETENESS	4.69	58	64	4.39
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	6.89	55	65	5.81
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	5.94	52	60	5.45
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	4.94	52	55	5.21
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	6.81	49	54	6.17
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	5.86	49	59	5.31
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	5.50	49	57	5.75
G233 PARTICIPATE IN IN-SERVICE EDUCATIONAL PROGRAMS	4.72	48	49	4.49

* Tasks rank ordered on percent members performing

TABLE 27

ASSIGNMENT AFTER ARRIVAL AT PERMANENT DUTY STATION

<u>ASSIGNMENT</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
DID NOT ATTEND TECHNICAL SCHOOL FOR AWARD OF 91430	54
ALCOHOLISM REHABILITATION CENTER (ARC)	1
CHILD GUIDANCE SERVICE	0
MEDICAL/CLINICAL SOCIAL WORK SERVICE	1
MENTAL HEALTH CLINIC	32
MENTAL HEALTH CONSULTATION SERVICE	0
MENTAL HEALTH OUTPATIENT SERVICE	6
MENTAL HYGIENE SERVICE	1
PSYCHOLOGY SERVICE	1
OTHER	0
NO RESPONSE	4

TABLE 28

PRIMARY JOB IN FIRST SIX MONTHS AS 91430

<u>PRIMARY JOB</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
ADMINISTRATIVE	40
AIR FORCE MEDICAL EVALUATION TEST (AFMET)	2
GROUP COUNSELING	2
HUMAN DEVELOPMENT CENTER	1
INDIVIDUAL COUNSELING	4
INTAKE INTERVIEWS	23
MEDICAL/CLINICAL SOCIAL WORK	1
PSYCHOLOGICAL TESTING	12
OTHER	6
NO RESPONSE	9

TABLE 29

SPECIAL PROGRAMS (PRESENT JOB)
(COULD BE MORE THAN ONE RESPONSE)

<u>SPECIAL PROGRAMS</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
NONE	27
AIR FORCE MEDICAL EVALUATION TEST (AFMET) PROGRAMS	7
ALCOHOL REHABILITATION PROGRAM	32
CHILDREN HAVE A POTENTIAL (CHAP) PROGRAM	37
CORRECTIONS AND REHABILITATION PROGRAM	5
DRUG REHABILITATION PROGRAM	26
FAMILY ADVOCACY PROGRAM	39
OTHER	13

TABLE 30

WORK AREA OR FUNCTION DESCRIBING PRESENT ASSIGNMENT
(COULD BE MORE THAN ONE RESPONSE)

<u>WORK AREA</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>
ALCOHOLISM REHABILITATION CENTER	6
CHILD GUIDANCE SERVICE	5
CLINICAL SOCIAL WORK SERVICE	22
MENTAL HEALTH CLINIC	68
MENTAL HEALTH CONSULTATIO'	21
MENTAL HEALTH OUTPATIENT SERVICE	42
MENTAL HYGIENE SERVICE	9
PSYCHOLOGY SERVICE	29
OTHER	5

TABLE 31

COLLEGE DEGREE NOW
(COULD BE MORE THAN ONE RESPONSE)

DEGREE	914X0 PERSONNEL PERCENT MEMBERS RESPONDING
NO CREDITS	9
SOME COLLEGE, NO DEGREE	49
ASSOCIATE'S DEGREE IN CAREER FIELD RELATED DISCIPLINE	11
BACHELOR'S DEGREE IN PSYCHOLOGY	13
BACHELOR'S DEGREE IN SOCIAL PSYCHOLOGY	3
BACHELOR'S DEGREE IN SOCIAL WORK	1
BACHELOR'S DEGREE IN SOCIOLOGY	3
BACHELOR'S DEGREE IN EDUCATION/COUNSELING	1
MASTER'S IN PSYCHOLOGY	2
MASTER'S IN SOCIAL WORK	1
MASTER'S IN EDUCATION/COUNSELING	3
MASTER'S IN EDUCATION SOCIOLOGY	0
OTHER	8

TABLE 32

COLLEGE DEGREE CURRENTLY WORKING
(COULD BE MORE THAN ONE RESPONSE)

DEGREE	914X0 PERSONNEL PERCENT MEMBERS RESPONDING	CONUS	OVERSEAS
I AM NOT WORKING TOWARD A DEGREE	35	35	31
ASSOCIATE'S DEGREE IN CAREER FIELD RELATED DISCIPLINE	20	24	28
BACHELOR'S DEGREE IN PSYCHOLOGY	16	17	21
BACHELOR'S DEGREE IN SOCIAL WORK	5	5	0
BACHELOR'S DEGREE IN SOCIAL PSYCHOLOGY	1	0	0
BACHELOR'S DEGREE IN SOCIOLOGY	1	1	0
BACHELOR'S DEGREE IN EDUCATION/COUNSELING	2	1	3
MASTER'S IN PSYCHOLOGY	5	3	3
MASTER'S IN SOCIAL WORK	5	4	3
MASTER'S IN EDUCATION/COUNSELING	4	0	3
OTHER	11	15	17

TABLE 33

EQUIPMENT OPERATED IN PRESENT JOB
(COULD BE MORE THAN ONE RESPONSE)

<u>EQUIPMENT</u>	<u>914X0 PERSONNEL PERCENT MEMBERS RESPONDING</u>	<u>CONUS</u>	<u>OVERSEAS</u>
DO NOT USE EQUIPMENT	12	9	7
ADDRESSOGRAPH/STAMP-PLATE MACHINES	9	11	3
AUDIOVISUAL EQUIPMENT	30	30	21
BIOFEEDBACK TRAINING EQUIPMENT	30	33	35
CALCULATORS	28	23	28
COPY MACHINES	66	71	62
NURSING SERVICE KARDEX	2	1	0
RESTRAINT KEYS	6	3	17
RESTRAINTS	10	10	14
SEIZURE STICKS	2	0	0
SPHYGMOMANOMETERS	6	3	14
STETHOSCOPES	10	7	24
STRETCHERS WHEELED	5	4	10
TAPE RECORDERS	60	65	52
TYPEWRITERS	68	73	66
OTHER	5	6	0

IMPLICATIONS

This survey indicated the job performed by personnel in the Mental Health AFSC is one of performing administrative, testing and counseling, and therapy tasks in support of the professionals who are in charge of the clinics. The data also showed the jobs are consistent across commands and are similar for 5-skill level airmen in the CONUS and overseas. There were, however, some indications in the write-in comments from incumbents and other data from the survey that job satisfaction can depend on the job being performed and this needs to be addressed.

There is definitely a positive correlation between the degree of involvement in counseling and therapy and job satisfaction for the personnel employed in this career ladder. That is, the more involved these personnel are in the counseling and therapy duty areas, the more likely they are to be satisfied with their jobs. When comparisons were made of the groups identified as those with above average job satisfaction to those with below average job satisfaction, it was evident those with above average job satisfaction were performing more tasks and spending more time on tasks which involved conducting counseling and therapy. Conversely, the opposite is also true--those jobs which involve very few tasks in therapy and counseling have low job satisfaction figures. This suggests the career ladder members want to perform tasks which involve therapy and counseling. The data shows that is what they are trained for and that may be what they expect to do in their first job.

Personnel in this career ladder have an average education level of 2 years beyond high school, with 37 percent having a bachelor's degree or better. They receive extensive training in counseling and therapy and may be assigned to first jobs where they spend most of their time performing simple administrative and testing tasks. There is no way to quantitatively measure first-job expectations for airmen entering the 914X0 AFS, but the data clearly show that high expectations of a first job where counseling and therapy is the main part of the job is not warranted.

The data show the training for 914X0 personnel meets the needs of this career ladder, and in fact, may provide too much training in the area of counseling and therapy for the first termers entering the field. The course contains 7 weeks of instruction on counseling and therapy and attendance at this course may create false expectations for first termers who may logically assume their jobs are going to involve counseling and therapy. The data show this is not the case and low job satisfaction may thus be a result of over-training. Career ladder personnel may want to consider one of two options as a result of the information contained in this survey. One, limit the time the students spend on counseling and therapy at technical school (assign them after 1 or 2 weeks of instruction in counseling and therapy); or two, provide jobs for the first-term airmen where they get a chance to perform tasks in counseling and therapy. Either of these options should have positive results with respect to job satisfaction in the 914X0 career ladder.

APPENDIX A

TABLE A-1

GROUP ID NUMBER AND TITLE: GRP019, CLINICAL SUPPORT GENERALISTS
 GROUP SIZE: 81 PERCENT OF SAMPLE: 33.6
 AVERAGE GRADE: 3.7 AVERAGE TICF: 35.5
 AVERAGE TAFMS: 52.8

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	96
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	96
J393 SCORE MMPI	93
G239 SCHEDULE CLINIC APPOINTMENTS	93
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	91
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	91
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	84
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	84
E141 ASSEMBLE PATIENT CHARTS	83
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	77
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	75
G224 CONDUCT INTAKE INTERVIEWS	74
E203 PREPARE REQUEST FOR MEDICAL RECORDS	74
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	70
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	70
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	69
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	69
E159 MAINTAIN ADMINISTRATIVE FILES	67
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	65
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	64
H268 WRITE OR RECORD TECHNICIAN NOTES	64
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	64
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	63
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	62
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	60
E162 MAINTAIN FAMILY ADVOCACY FILES	59
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	59

TABLE A-2

GROUP ID NUMBER AND TITLE: GRP101, SMALL CLINIC SUPPORT PERSONNEL
 GROUP SIZE: 14 PERCENT OF SAMPLE: 6
 AVERAGE GRADE: 3.8 AVERAGE TICF: 39.6
 AVERAGE TAFMS: 52.7

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	100
G239 SCHEDULE CLINIC APPOINTMENTS	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
J393 SCORE MMPI	93
E160 MAINTAIN CHILDREN HAVE A POTENTIAL (CHAP) FILES	93
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	93
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	93
E203 PREPARE REQUEST FOR MEDICAL RECORDS	93
E162 MAINTAIN FAMILY ADVOCACY FILES	93
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	93
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	93
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	93
E159 MAINTAIN ADMINISTRATIVE FILES	86
E141 ASSEMBLE PATIENT CHARTS	86
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	86
G234 PARTICIPATE IN SCREENING PERSONNEL RELIABILITY AND SECURI- TY CLEARANCE APPLICANTS TO ASCERTAIN EMOTIONAL STABILITY	86
E208 PREPARE UNIFORM CHART OF ACCOUNTS (UCA) REPORTS	86
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	86
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	86
G240 SCREEN MEDICAL RECORDS TO ASCERTAIN SECURITY CLEARANCE OR PERSONNEL RELIABILITY ELIGIBILITY	79
E213 REVIEW PERSONAL HISTORY REPORTS FOR COMPLETENESS	79
A17 ESTABLISH DOCUMENTATION FILES	79
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	71
G222 ASSIGN NEW PATIENTS TO THERAPISTS	71
E161 MAINTAIN COUNSELING FORMS	71
I271 COMPILE DATA FOR MENTAL HEALTH ADMINISTRATIVE REPORTS	71
G224 CONDUCT INTAKE INTERVIEWS	71
H268 WRITE OR RECORD TECHNICIAN NOTES	71

TABLE A-3

GROUP ID NUMBER AND TITLE: GRP063, CLINIC SUPPLY SUPPORT PERSONNEL
 GROUP SIZE: 6 PERCENT OF SAMPLE: 2
 AVERAGE GRADE: 2.8 AVERAGE TICF: 12
 AVERAGE TAFMS: 16

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
E141 ASSEMBLE PATIENT CHARTS	100
B47 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	100
E159 MAINTAIN ADMINISTRATIVE FILES	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	100
J393 SCORE MMPI	100
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	83
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	83
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OR MEDICAL CARE)	83
E169 MAINTAIN STOCK LEVELS OF FORMS	83
G239 SCHEDULE CLINIC APPOINTMENTS	83
E154 IDENTIFY SUPPLY PROBLEMS	83
A17 ESTABLISH DOCUMENTATION FILES	83
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	83
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	83
E208 PREPARE UNIFORM CHART OF ACCOUNTS (UCA) REPORTS	67
E152 ESTABLISH SUPPLY REQUIREMENTS	67
G222 ASSIGN NEW PATIENTS TO THERAPISTS	67
E156 INVENTORY EQUIPMENT, TOOLS, OR SUPPLIES	67
E196 PREPARE LETTERS OF JUSTIFICATION FOR SUPPLY-RELATED MATTERS	67
B58 ORIENT NEWLY ASSIGNED PERSONNEL	67
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	67
B43 DIRECT ADMINISTRATIVE FUNCTIONS	50
E157 ISSUE SUPPLIES AND EQUIPMENT	50
E203 PREPARE REQUEST FOR MEDICAL RECORDS	50
A6 DETERMINE SPACE, EQUIPMENT, OR SUPPLY REQUIREMENTS	50
E170 MAINTAIN SUPPLY AND EQUIPMENT RECORDS	50
E153 EVALUATE SUPPLY PROBLEMS	50

TABLE A-4

GROUP ID NUMBER AND TITLE: GRP117, THERAPY AND SOCIAL WORK SUPPORT PERSONNEL
 GROUP SIZE: 17 PERCENT OF SAMPLE: 7
 AVERAGE GRADE: 4 AVERAGE TICF: 43.9
 AVERAGE TAFMS: 67.8

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	100
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	100
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
G239 SCHEDULE CLINIC APPOINTMENTS	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	94
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	94
E141 ASSEMBLE PATIENT CHARTS	94
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	94
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	94
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	94
H268 WRITE OR RECORD TECHNICIAN NOTES	88
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	88
J393 SCORE MMPI	88
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	88
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	88
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	88
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	88
E162 MAINTAIN FAMILY ADVOCACY FILES	88
H244 CONDUCT FOLLOW-UP CONTACT WITH THERAPY PATIENTS, OTHER THAN BY TELEPHONE	88
G224 CONDUCT INTAKE INTERVIEWS	82
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	82
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	82
H269 WRITE PROGRESS NOTE ON PATIENTS	82
G240 SCREEN MEDICAL RECORDS TO ASCERTAIN SECURITY CLEARANCE OR PERSONNEL RELIABILITY ELIGIBILITY	82
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	76

TABLE A-5

GROUP ID NUMBER AND TITLE: GRP088, LARGE HOSPITAL OR REGIONAL MEDICAL
 CENTER CLINICAL SUPPORT PERSONNEL
 GROUP SIZE: 11 PERCENT OF SAMPLE: 5
 AVERAGE GRADE: 3.5 AVERAGE TICF: 23.7
 AVERAGE TAFMS: 29.3

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	100
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	100
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
J393 SCORE MMPI	100
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	100
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	91
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	91
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	91
G224 CONDUCT INTAKE INTERVIEWS	82
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	82
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	82
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	82
G239 SCHEDULE CLINIC APPOINTMENTS	82
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	82
H268 WRITE OR RECORD TECHNICIAN NOTES	73
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	73
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	73
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	73
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	73
J408 SCORE WAIS/R	73
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	64
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	64
E141 ASSEMBLE PATIENT CHARTS	64

TABLE A-6

GROUP ID NUMBER AND TITLE: GRP076, MEDICAL CENTER BIOFEEDBACK SUPPORT
PERSONNEL

GROUP SIZE: 9

PERCENT OF SAMPLE: 4

AVERAGE GRADE: 3.2

AVERAGE TICF: 22.3

AVERAGE TAFMS: 23.7

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
G239 SCHEDULE CLINIC APPOINTMENTS	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	100
I270 ASSIST IN OPERATION BIOFEEDBACK TRAINING EQUIPMENT	100
J393 SCORE MMPI	100
H256 OBSERVE AND RECORD ACTIONS OF PATIENTS DURING RELAXATION THERAPY	100
E141 ASSEMBLE PATIENT CHARTS	89
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	89
H255 INSTRUCT PATIENTS IN RELAXATION THERAPY TECHNIQUES	89
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	89
I284 OPERATE BIOFEEDBACK TRAINING EQUIPMENT	89
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	89
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	89
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	78
E159 MAINTAIN ADMINISTRATIVE FILES	78
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	78
H254 INSTRUCT PATIENTS IN BIOFEEDBACK TECHNIQUES	78
G224 CONDUCT INTAKE INTERVIEWS	78
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	78
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	78
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	78
H247 CONDUCT THERAPY OR COUNSELING SESSIONS	67
E203 PREPARE REQUEST FOR MEDICAL RECORDS	67
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	67
G233 PARTICIPATE IN IN-SERVICE EDUCATIONAL PROGRAMS	67
H268 WRITE OR RECORD TECHNICIAN NOTES	56

TABLE A-7

GROUP ID NUMBER AND TITLE: GRP027, CLINIC SUPERVISORS
 GROUP SIZE: 91 PERCENT OF SAMPLE: 37.8
 AVERAGE GRADE: 6 AVERAGE TICF: 77.8
 AVERAGE TAFMS: 159.5

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	97
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	95
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	89
J393 SCORE MMPI	88
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	87
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	86
B43 DIRECT ADMINISTRATIVE FUNCTIONS	82
G224 CONDUCT INTAKE INTERVIEWS	82
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	82
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	82
H245 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	82
A7 DETERMINE WORK PRIORITIES	82
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	82
A3 COORDINATE WORK ACTIVITIES WITH OTHER SECTIONS OR AGENCIES	82
H268 WRITE OR RECORD TECHNICIAN NOTES	80
B59 PERFORM AS LIAISON BETWEEN MENTAL HEALTH CLINIC, BASE UNITS, OR AGENCIES	80
A6 DETERMINE SPACE, EQUIPMENT, OR SUPPLY REQUIREMENTS	80
G239 SCHEDULE CLINIC APPOINTMENTS	79
E152 ESTABLISH SUPPLY REQUIREMENTS	78
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	77
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	77
E141 ASSEMBLE PATIENT CHARTS	77
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	77
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	77
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	77
B41 COUNSEL SUBORDINATES ON JOB PROGRESSION OR CAREER DEVELOPMENT	76
B47 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	76

TABLE A-8

GROUP ID NUMBER AND TITLE: GRP112, SMALL CLINIC SUPERVISORS
 GROUP SIZE: 31 PERCENT OF SAMPLE: 13
 AVERAGE GRADE: 5.9 AVERAGE TICF: 79.3
 AVERAGE TAFMS: 160.8

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
H247 CONDUCT THERAPY OR COUNSELING SESSIONS	100
H245 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	100
H268 WRITE OR RECORD TECHNICIAN NOTES	97
I305 RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY CLINIC PATIENTS DURING TREATMENT	97
H244 CONDUCT FOLLOW-UP CONTACT WITH THERAPY PATIENTS, OTHER THAN BY TELEPHONE	97
H249 COUNSEL PATIENTS ON AVAILABLE REFERRAL AGENCIES	97
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	97
G224 CONDUCT INTAKE INTERVIEWS	94
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	94
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	94
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	94
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	94
J393 SCORE MMPI	94
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	94
B59 PERFORM AS LIAISON BETWEEN MENTAL HEALTH CLINIC, BASE UNITS, OR AGENCIES	94
A7 DETERMINE WORK PRIORITIES	94
I286 PARTICIPATE IN DEVELOPING THERAPY PLANS FOR PATIENTS DISPLAYING SYMPTOMS OF ANXIETY	94
A3 COORDINATE WORK ACTIVITIES WITH OTHER SECTIONS OR AGENCIES	94
H269 WRITE PROGRESS NOTES ON PATIENTS	90
B43 DIRECT ADMINISTRATIVE FUNCTIONS	90
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	90
I299 PARTICIPATE IN SUPPORTIVE INDIVIDUAL THERAPY AS A CLINICAL TEAM MEMBER	90
G241 SCREEN MILITARY OR OTHER RECORDS TO OBTAIN INFORMATION REGARDING SOCIAL OR MEDICAL HISTORY	90
H246 CONDUCT TELEPHONE FOLLOW-UP CONTACT WITH THERAPY PATIENTS	90

TABLE A-9

GROUP ID NUMBER AND TITLE: GRP109, CLINIC NCOs
 GROUP SIZE: 22 PERCENT OF SAMPLE: 9
 AVERAGE GRADE: 5 AVERAGE TICF: 52.4
 AVERAGE TAFMS: 118.6

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
G239 SCHEDULE CLINIC APPOINTMENTS	100
E159 MAINTAIN ADMINISTRATIVE FILES	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, OR WORKSHOPS	100
E152 ESTABLISH SUPPLY REQUIREMENTS	100
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	95
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	95
E154 IDENTIFY SUPPLY PROBLEMS	95
E211 REVIEW ORGANIZATION REQUESTS FOR MENTAL HEALTH EVALUATIONS TO ASSURE COMPLETENESS	95
E203 PREPARE REQUEST FOR MEDICAL RECORDS	95
B43 DIRECT ADMINISTRATIVE FUNCTIONS	91
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	91
E141 ASSEMBLE PATIENT CHARTS	91
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	91
B47 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	91
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	91
E170 MAINTAIN SUPPLY AND EQUIPMENT RECORDS	91
A19 ESTABLISH ORGANIZATIONAL POLICIES OR OPERATING INSTRUC- TIONS	91
A11 DEVELOP SELF-INSPECTION PROGRAMS	91
E204 PREPARE REQUESTS FOR RELEASE OF INFORMATION	91
E162 MAINTAIN FAMILY ADVOCACY FILES	86
C74 EVALUATE ADMINISTRATIVE PROBLEMS	86
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	86
B59 PERFORM AS LIAISON BETWEEN MENTAL HEALTH CLINIC, BASE UNITS, OR AGENCIES	86
E160 MAINTAIN CHILDREN HAVE A POTENTIAL (CHAP) FILES	86
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	86
E169 MAINTAIN STOCK LEVELS OF FORMS	86
C73 EVALUATE ADMINISTRATIVE FORMS, FILES, OR PROCEDURES	86

TABLE A-10

GROUP ID NUMBER AND TITLE: GRP084, TESTING AND ADMINISTRATIVE SUPPORT NCOs
 GROUP SIZE: 6 PERCENT OF SAMPLE: 2
 AVERAGE GRADE: 5.2 AVERAGE TICF: 82.7
 AVERAGE TAFMS: 137.5

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	100
J393 SCORE MMPI	100
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	100
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	100
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	100
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	100
J340 ADMINISTER WECHSLER MEMORY SCALES	100
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	100
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	100
I305 RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY CLINIC PATIENTS DURING TREATMENT	100
J378 RECORD SIGNIFICANT BEHAVIOR EXHIBITED BY PATIENT DURING TESTING	100
G224 CONDUCT INTAKE INTERVIEWS	100
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	100
J409 SCORE WECHSLER MEMORY SCALES	100
J408 SCORE WAIS/R	100
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	100
E204 PREPARE REQUESTS FOR RELEASE OF INFORMATION	100
G239 SCHEDULE CLINIC APPOINTMENTS	83
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	83
J313 ADMINISTER HALSTEAD-RIETAN NEUROPSYCHOLOGICAL TEST BATTERIES (RIETAN)	83
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	83

TABLE A-11

GROUP ID NUMBER AND TITLE: GRP096, OJT SUPERVISORS
 GROUP SIZE: 6 PERCENT OF SAMPLE: 2
 AVERAGE GRADE: 6.2 AVERAGE TICF: 122.8
 AVERAGE TAFMS: 199

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
B42 COUNSEL SUBORDINATES ON PERSONAL OR MILITARY-RELATED MATTERS	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	100
B43 DIRECT ADMINISTRATIVE FUNCTIONS	100
B41 COUNSEL SUBORDINATES ON JOB PROGRESSION OR CAREER DEVELOPMENT	100
C96 WRITE AIRMEN PERFORMANCE REPORTS	100
B63 SUPERVISE MENTAL HEALTH CLINIC SPECIALISTS (AFSC 91450)	100
B56 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES FOR SUBORDINATES	100
D108 COUNSEL TRAINEES ON TRAINING PROGRESS	100
D117 DIRECT OR IMPLEMENT OJT TRAINING PROGRAMS	100
A19 ESTABLISH ORGANIZATIONAL POLICIES OR OPERATING INSTRUCTIONS	100
E153 EVALUATE SUPPLY PROBLEMS	100
B59 PERFORM AS LIAISON BETWEEN MENTAL HEALTH CLINIC, BASE UNITS, OR AGENCIES	100
D129 MAKE ENTRIES ON AF FORMS 623 AND 623A (ON-THE-JOB TRAINING RECORD)	100
D105 CONDUCT OJT	100
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	100
C81 EVALUATE MAINTENANCE OR USE OR WORKSPACE, EQUIPMENT, OR SUPPLIES	100
D109 COUNSEL TRAINERS OR INSTRUCTORS	100
A6 DETERMINE SPACE, EQUIPMENT, OR SUPPLY REQUIREMENTS	100
B58 ORIENT NEWLY ASSIGNED PERSONNEL	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
A34 SCHEDULE LEAVES OR PASSES	100
C78 EVALUATE INDIVIDUALS FOR PROMOTION, DEMOTION, OR RECLASSIFICATION	100
A3 COORDINATE WORK ACTIVITIES WITH OTHER SECTIONS OR AGENCIES	100
A12 DEVELOP WORK METHOD OR PROCEDURES	100
D137 SELECT INDIVIDUALS FOR SPECIALIZED TRAINING	100
C67 CONDUCT FIRE INSPECTIONS	100
A5 DETERMINE PERSONNEL REQUIREMENTS	100

TABLE A-12

GROUP ID NUMBER AND TITLE: GRP073, WILFORD HALL USAF MEDICAL CENTER
SUPERVISORS

GROUP SIZE: 7

PERCENT OF SAMPLE: 3

AVERAGE GRADE: 6.1

AVERAGE TICF: 99.4

AVERAGE TAFMS: 185.1

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J393 SCORE MMPI	100
J308 ADMINISTER BLOOM SENTENCE COMPLETION SURVEYS (BSCS)	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
J381 SCORE BSCS	100
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	100
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	100
C96 WRITE AIRMEN PERFORMANCE REPORTS	100
B41 COUNSEL SUBORDINATES ON JOB PROGRESSION OR CAREER DEVELOPMENT	100
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	86
H247 CONDUCT THERAPY OR COUNSELING SESSIONS	86
I302 PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	86
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	86
G224 CONDUCT INTAKE INTERVIEWS	86
H268 WRITE OR RECORD TECHNICIAN NOTES	86
H245 CONDUCT OR PARTICIPATE IN CRISIS INTERVENTION THERAPY WITH PATIENTS	86
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	86
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	86
B42 COUNSEL SUBORDINATES ON PERSONAL OR MILITARY-RELATED MATTERS	86
B58 ORIENT NEWLY ASSIGNED PERSONNEL	86
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	86
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	71
I304 PREPARE STANDARD REPORT OF INTERVIEWS (SIR)	71
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	71

TABLE A-13

GROUP ID NUMBER AND TITLE: GRP048, PSYCHOMETRIC TESTERS
 GROUP SIZE: 10 PERCENT OF SAMPLE: 4
 AVERAGE GRADE: 3.5 AVERAGE TICF: 23.3
 AVERAGE TAFMS: 35.1

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	100
J393 SCORE MMPI	100
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	100
J338 ADMINISTER WECHSLER ADULT INTELLIGENCE SCALES (WAIS/R)	100
J311 ADMINISTER DRAW-A-PERSON (DAP) TESTS	100
J408 SCORE WAIS/R	100
J306 ADMINISTER BENDER GESTALT TESTS	100
J342 ADMINISTER WIDE RANGE ACHIEVEMENT TEST (WRAT)	100
J339 ADMINISTER WECHSLER INTELLIGENCE SCALES FOR CHILDREN (WISC/R)	100
J313 ADMINISTER HALSTEAD-RIETAN NEUROPSYCHOLOGICAL TEST BATTERIES (RIETAN)	90
J316 ADMINISTER HOUSE-TREE-PERSON (HTP) TESTS	90
J414 SCORE WRAT	90
J411 SCORE WISC/R	90
J400 SCORE RIETAN	80
J307 ADMINISTER BENTON VISUAL RETENTION TESTS	80
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	80
I270 ASSIST IN OPERATION BIOFEEDBACK TRAINING EQUIPMENT	80
J334 ADMINISTER SIXTEEN PERSONALITY FACTORS (16 PF) TESTS	80
J416 SCORE 16 PF	80
G239 SCHEDULE CLINIC APPOINTMENTS	80
H254 INSTRUCT PATIENTS IN BIOFEEDBACK TECHNIQUES	70
J380 SCORE BENTON VISUAL RETENTION TESTS	70
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	70
K421 COUNSEL PATIENTS REGARDING WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM	70
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	70
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	70
E141 ASSEMBLE PATIENT CHARTS	70
J345 ADMINISTER ZUNG DEPRESSION INVENTORY TESTS	70
J327 ADMINISTER PEABODY PICTURE VOCABULARY TEST (PPVT)	70
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	60

TABLE A-14

GROUP ID NUMBER AND TITLE: GRP008, CLINICAL SUPPORT SPECIALISTS
 GROUP SIZE: 28 PERCENT OF SAMPLE: 12
 AVERAGE GRADE: 3.1 AVERAGE TICF: 23.3
 AVERAGE TAFMS: 29.9

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J393 SCORE MMPI	89
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	86
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	82
A23 PARTICIPATE IN MEETING, SUCH AS STAFF MEETINGS, BRIEFINGS, CONFERENCES, OR WORKSHOPS	82
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	79
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	71
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	71
G239 SCHEDULE CLINIC APPOINTMENTS	68
G224 CONDUCT INTAKE INTERVIEWS	64
E203 PREPARE REQUEST FOR MEDICAL RECORDS	61
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	57
E141 ASSEMBLE PATIENT CHARTS	54
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	54
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	50
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	50
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	46
J308 ADMINISTER BLOOM SENTENCE COMPLETION SURVEYS (BSCS)	39
H268 WRITE OR RECORD TECHNICIAN NOTES	39
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	39
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	39
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	39
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	36
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	36
J359 PERFORM DIAGNOSTIC IMPRESSIONS OF MMPI	36
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	36
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	32
E169 MAINTAIN STOCK LEVELS OF FORMS	32

TABLE A-15

GROUP ID NUMBER AND TITLE: GRP086, TRAINEE OR ADMINISTRATIVE SPECIALISTS
 GROUP SIZE: 9 PERCENT OF SAMPLE: 4
 AVERAGE GRADE: 2.9 AVERAGE TICF: 10.9
 AVERAGE TAFMS: 15.1

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	100
E187 PREPARE AND MAINTAIN AF FORMS 555 (PATIENT VISIT REGISTER)	100
E165 MAINTAIN PATIENT APPOINTMENT BOOKS	100
G239 SCHEDULE CLINIC APPOINTMENTS	100
E203 PREPARE REQUEST FOR MEDICAL RECORDS	100
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	100
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	89
J393 SCORE MMPI	78
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	78
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	78
E141 ASSEMBLE PATIENT CHARTS	67
G238 RECEIVE PATIENTS FOR APPOINTMENT OR TREATMENT	67
J333 ADMINISTER SHIPLEY INSTITUTE OF LIVING SCALES	67
G224 CONDUCT INTAKE INTERVIEWS	67
E155 INITIATE DD FORMS 2005 (PRIVACY ACT STATEMENT-HEALTH CARE RECORDS)	56
J346 ESTABLISH RAPPORT WITH PATIENTS BEING TESTED	56
J404 SCORE SHIPLEY INSTITUTE OF LIVING SCALES	56
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	56
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	56
E204 PREPARE REQUESTS FOR RELEASE OF INFORMATION	56
E212 REVIEW PATIENT RECORDS FOR COMPLETENESS	44
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	44
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	44
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	44
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	44
G222 ASSIGN NEW PATIENTS TO THERAPISTS	44

TABLE A-16

GROUP ID NUMBER AND TITLE: GRP092, TRIAGE AND TESTING SPECIALISTS
 GROUP SIZE: 7 PERCENT OF SAMPLE: 3
 AVERAGE GRADE: 3 AVERAGE TICF: 25.4
 AVERAGE TAFMS: 29.1

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
G224 CONDUCT INTAKE INTERVIEWS	100
H263 RECORD OBSERVATIONS ON PATIENT'S APPEARANCE, SUCH AS MANNER OF DRESS	100
J393 SCORE MMPI	100
H266 RECORD RESULTS OF MENTAL STATUS EXAMINATIONS	100
H242 ADMINISTER MENTAL STATUS EXAMINATIONS	100
A23 PARTICIPATE IN MEETINGS, SUCH AS STAFF MEETINGS, BRIEF- INGS, CONFERENCES, OR WORKSHOPS	100
J323 ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORIES (MMPI)	86
H267 WRITE CONSOLIDATED PATIENT PROGRESS NOTES PER SUBJECTIVE, OBJECTIVE, ASSESSMENT, AND PLAN (SOAP)	86
J308 ADMINISTER BLOOM SENTENCE COMPLETION SURVEYS (BSCS)	86
H265 RECORD OBSERVATIONS ON PATIENT'S CONVERSATION IN THE TREATMENT FACILITY	86
H264 RECORD OBSERVATIONS ON PATIENT'S BEHAVIOR IN THE TREATMENT FACILITY	86
J381 SCORE BSCS	71
I304 PREPARE STANDARD REPORT OF INTERVIEWS (SRI)	71
H268 WRITE OR RECORD TECHNICIAN NOTES	71
J359 PERFORM DIAGNOSTIC IMPRESSIONS OF MMPI	71
E206 PREPARE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	71
J348 PERFORM DIAGNOSTIC IMPRESSIONS OF BCSC	71
J314 ADMINISTER HISTORY OPINION INVENTORY (HOI) TESTS	57
E171 MAKE ENTRIES IN MENTAL HEALTH RECORDS	57
H259 PARTICIPATE IN MEETINGS INVOLVING CASE PRESENTATIONS AND DISCUSSIONS	57
J404 SCORE SHIPLEY INSTITUTE O. LIVING SCALES	57
G239 SCHEDULE CLINIC APPOINTMENTS	57
E164 MAINTAIN MENTAL HEALTH CLINIC RECORDS	57
B58 ORIENT NEWLY ASSIGNED PERSONNEL	57
H262 PREPARE INITIAL PSYCHIATRIC INTAKE NOTES	43
I302 PREPARE PRELIMINARY PSYCHOLOGICAL OR EVALUATION REPORTS FOR CLINICAL PSYCHOLOGISTS OR PSYCHIATRISTS	43
E141 ASSEMBLE PATIENT CHARTS	43

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